Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
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DBA Name		AD TRAVEL INC				Legal Name			AD TRAVEL INC.				
Type of Business		TRAVE	L CONSUL	TING		Ta	ax ID		47553	8081			Corp
Full Business Addre	SS	110 W 3	4TH ST RI	M 305									
Full Billing Address													
Phone at Location		(212) 6	83-3243			B	Best P	hone <u>(212)</u>	683-32	43	Fax	(212)	683-3769
Business Email		nzaktra	avel@yaho	o.com			W	ebsite/					
Years In Business		5 Average Tic			Tick	cet			Gross Annual Sales 420,0			420,000.0	0
Do you currently ha	ave cash	advance?	?	No	W	ith who? _					Bala	ance	
Current Credit Card Processor Average Processing Volume													
Last Month Vol.			#of Tick	ets _			2nd	Month Vol.			#of	Tickets	
3rd Month Vol.		#of Tickets				4th Month Vol.			#of Tickets				
	DIADA)/E	NEWS				<b>-</b> '-1		DD ECID ENT					
Owner #1 Name	DIARAYE					Title		PRESIDENT					
Date of Birth Full Home Address	12-03-19			OK NI 0710	_	SSN		577-13-988	89				
Home Phone	(212) 68		EET NEWAF Cell P			(646) 671-4	625	Email		V DNI A INC	^@HOTM/	All COM	
	\$ 0 Owi				- 5	Drivers Lience #			ADNYINC@HOTMAIL.COM  State				
Own/Rent	\$ <u>0 0wi</u>	I		inere		D	rivers	Lience #			_State		
Owner #2 Name						Title							
Date of Birth					_	SSN							
Full Home Address					_								
Home Phone			Cell P	hone				Email					
Own/Rent	\$		Years	There		D	rivers	 Lience #			State		
Business Home Bas	ed?	No	Location	: Lease/O	vn	Leased		_Lease Tern	n		Mont	thly Rent	1,773.00
Landlord / Mortgage	e Co. <u>C</u>	HRIS REA	ALTY					Conta	ct	_			
Contact Phone	<u>(</u>	917) 562	-2609	_ (	Cell	_			_	Email	_		
Bank Name/Branch				Conta	ct				Ph	one			
Trade Reference#1				- Conta	ct				– Ph	one –			
Trade Reference#2				- Conta	ct				– Ph	one –			
Trade Reference#3				- Conta	ct				_ Ph 	one _			
				_					_	_			

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/We authorize Money Works Direct, Inc. to receive pertinet information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate. By signing below, each of the aboe listed business and business ownet/officer (individually and collectiverly, "you") authorize Money Works Direct and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transcation, including without limitation the application therefor (collectively, "Transcation") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Money Works Direct to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	DIARAYE NZAKEN	Date	08/10/2016