

DBA Name	<u> </u>	dams ta		Le	egal Name	Adams tax ir	nc	
Type of Business		Income tax and accounting.			ax ID	47-2880095		Corp
Full Business Addre	ss 32	1 west 1st str	eet. London k	y 40966				
Full Billing Address	_							
Phone at Location (606) 864-8797			1	E	Best Phone (423) 200-9979	Fax	(423) 526-2585
Business Email Cwj4549@outl		ook.com		Website				
Years In Business	10		Average Ticket			Gross Annual	Sales 2	50,000.00
Do you currently ha	ave cash adv	/ance?	No '	With who? _			Balan	ce
Current Credit Card	l Processor				_ Average	Processing Vo	lume	
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tid	ckets
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tid	ckets
Owner #1 Name	Bill Johnston			Title	President			
Date of Birth	04051949			- SSN	400-70-08	373		
Full Home Address	169 souther	n lane. Tazewell	tn 37879	-				
Home Phone	(423) 200-99	979 Cel	Phone	(423) 200-9	979 Email	cwj45	49@outlook.co	om
Own/Rent	\$ <u>0 Own</u>	Yea	ars There 45	years D	rivers Lience # 0	422748	State	Tn
. "				 '				
Owner #2 Name Date of Birth				Title - SSN				
Full Home Address				-				
Home Phone		Cel	Phone		 Email			
Own/Rent	\$		ars There	D	rivers Lience #		State	
Rusinoss Homo Ros	ed? N	o Locatio	n: Lease/Own	Leased	Lease Teri		Monthl	y Pont
Business Home Bas			iii. Lease/Owii	Leaseu				
Landlord / Mortgage	e Co. <u>Don</u>	nie partin			Conta	act	Donnie par	<u>tin</u>
Contact Phone	(606	5) 877-5019	Ce	II		Emai	<u> </u>	
Bank Name/Branch	First centu	ıry bank	Contact	Jen rowl	and	Phone	(433) 869	7232
Trade Reference#1	Suppliers	outlet	 Contact	Pete		Phone		
Trade Reference#2			— Contact			— Phone		
Trade Reference#3			— Contact			— Phone		
I hereby represent that all	the above inforr	nation is true and	understand that m	naking false sta	tements might be con	sidered fraud. By p	roviding the abo	ve information, the applicant(s)

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 !/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. !/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	Bill Johnston	Date	11/13/2017