MoneyWorks >> Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Alexis
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DBA Name	Clit	ff Cook		Le	gal Name	COOKS INSU	RANCE AGEN	NCY
Type of Business	Insurance			Ta	x ID	205223781		Sole Prop
Full Business Address	216	River Edge Pl	Kingsport Tn 3	37660				
Full Billing Address								
Phone at Location	(42	(423) 817-5791			Best Phone		Fax	(888) 700-7894
Business Email					Website			
Years In Business	10		Average Tick	et		Gross Annual	Sales 1	15,000.00
Do you currently have	e cash adva	ince?	No Wi	ith who? _			Balan	ce
Current Credit Card Processor					Average	Processing Vo	lume	
Last Month Vol.		#of Tick	ets		2nd Month Vol.		#of Tid	ckets
3rd Month Vol.		_ #of Tick	ets		4th Month Vol.		#of Tid	ckets
Owner #1 Name CI	LIFF COOK			Title	Owner			
	1191960			SSN	254-74-25	519		
Full Home Address 21	16 river edge	pl kingsport tn	37660					
					Email	cooks	insurance@ao	l.com
Own/Rent s	\$ <u>0 Own</u>	Years	There 3	Dı	rivers Lience # 0	88707958	State	TN
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone —		Cell Pi	_		Email			
Own/Rent s	\$	Years	There	Dı	rivers Lience # _		State	
Business Home Based	l? Yes	Location:	Lease/Own	Owned	Lease Terr	m	Monthl	y Rent
Landlord / Mortgage C	Co				Conta	act		
Contact Phone			Cell			Emai	l	
Bank Name/Branch E	EASTMAN C	REDIT UNION	Contact			Phone	(423) 229-	-8200
Trade Reference#1 E	EASTMAN C	REDIT UNION	Contact			Phone	(423) 229-	-8200
Trade Reference#2			Contact			Phone		
Trade Reference#3			Contact			Phone		

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 Pri	rinted Name	CLIFF COOK	Date	09/29/2016
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