	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	Global Excel Prop					lame	-	Global Excel Properties	
Type of Business		Insurance Restoration			_Tax ID		812019966	LLC	
Full Business Addre	SS	11110 Cres	tline Bay Ln						
Full Billing Address									
Phone at Location		(281) 905-2604			Best Phone (281) 905-2604 Fax				
Business Email					v	Vebsite			
Years In Business		2 Average Ticke		e Ticket	et Gross Annua		Sales <u>30,000.0</u>	0	
Do you currently ha	ave cash	advance?	No	With who)?			Balance	
Current Credit Card	d Processo	or				Average	Processing Vo	lume	
Last Month Vol.		#	of Tickets		_ 2nd	Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		_ 4th	Month Vol.		#of Tickets	
_									
Owner #1 Name	Maria Lop				itle	CEO			
Date of Birth	1213198				SSN	454-85-63	46		
Full Home Address		estline Bay Ln							
Home Phone	(281) 905		Cell Phone	(281) 90		Email —		ledet@yahoo.com	
Own/Rent	\$ <u>0 Ren</u>	<u>t</u>	Years There	2	Drivers	Lience # 2	0982507	StateTexa	is
Owner #2 Name				7	itle				
Date of Birth					SSN				
Full Home Address) J (
Home Phone			Cell Phone			Email			
Own/Rent	\$		- Years There		Drivers	 Lience #		State	
Business Home Bas	ed?	Yes Lo	cation: Lease/0	Own <u>Owr</u>	ned	_Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co				_	Conta	nct		
Contact Phone	_			Cell			Emai	l	
Bank Name/Branch	Frost Ba	ank	Cont	act			Phone		
Trade Reference#1	Souther	rn Shingles	Cont	act			Phone	(281) 330-7628	
Trade Reference#2	West Er	nd Lumber	Cont	act			Phone	(281) 818-7479	
Trade Reference#3			Cont	act			Phone	(713) 452-8261	

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	Cedric Ledet	Date	04/13/2018