

DBA Name		M.C. W.A.R. E.C.U. LLC		Legal Name		M.C.	W.A.R. E.	.C.U.			
Type of Business		Entertainment and Media		Tax ID		82-4	702291			LLC	
Full Business Addre	:SS	101 Hudson St	reet								
Full Billing Address											
Phone at Location		(201) 472-087	75	Best Phone (201)		201) 472-0)875	Fax			
Business Email		mcwarecu@g	mail.com	Website		www	www.mcwar.com				
Years In Business	s In Business		Average Ti	cket		Gross	Annual S	Sales <u>12</u>	20,000.00		
Do you currently have cash a		advance?	No	With who? _				Baland	ce		
Current Credit Card	d Processo	or			Avera	age Proces	sing Volu	me			
Last Month Vol.		#of Tickets			2nd Month Vol.		#of Tick		kets		
3rd Month Vol.		#of T	ickets		4th Month Vo	ol		#of Tic	kets		
Owner #1 Name	Arall Cha	rles		Title	CEO						
Date of Birth	01-12-1975			- SSN	118-62	2-2708					
Full Home Address	711 Bush	wick Ave		-							
Home Phone	(201) 472-0875 Cell Phone			(201) 472-0		mcwarecu@gmail.com					
Own/Rent	\$ 0 Rent Years There			D	Drivers Lience # 060190112 State GEORGIA			GEORGIA			
Owner #2 Name Amir James					Title Director of		gic Partner	ships			
Date of Birth				SSN -	SSN 155-64-5998						
Full Home Address	711 Bush										
Home Phone	(678) 459-5661 Cell Phone		(678) 459-5661 Email			mcwarecu@gmail.com		m			
Own/Rent	\$ Rent	Y	ears There	D	rivers Lience #	0517641	90	State	Georgia		
Business Home Based? Yes Location: Lease/Own Leased Lease Term Monthly Rent											
Landlord / Mortgage Co. Aakif Muhammad				Co	ntact	-	404.433.20	44			
Contact Phone	_		Ce	II			Email				
Bank Name/Branch			P	hone	(201) 963-	2163					
Trade Reference#1 Muniyr Foster Cor			Contact	Live Art	Live Art Studio		hone	(678) 558-	6283		
Trade Reference#2	rade Reference#2 Educational Hands Contact			Ms. Bay	P	hone	(470) 275-	7124			
Trade Reference#3	Ziggyz Painting Contact			Ziyaad L	P	hone	(404) 424-	7753			

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	Arall Charles	Date	06/26/2019