	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Gales Rep: John
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DBA Name		Kuhakis Carpai	otry Inc		agal Namo	Kubakis Carp	ontry Inc	
				egal Name	Kubek's Carpentry Inc.			
Type of Business			NA 12 111	Tax ID		38-2905646		Corp
Full Business Addre	:SS <u>4</u>	26389 Tawas St	Madison Hts	MI 48071				
Full Billing Address		(2.42) = 4= 222						(2.12) - 1- 2.22
Phone at Location		(248) 545-288		Best Phone (248)		245-2226	Fax	(248) 545-2882
Business Email		kubekscarpentry@yahoo		.com Website				
Years In Business	3	30	Average Ti	cket		Gross Annual	Sales <u>15</u>	50,000.00
Do you currently ha	ave cash a	dvance?	No	With who? _			Baland	ce
Current Credit Card	d Processor	r			Average	Processing Volu	ıme _	
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tic	kets
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tic	kets
Owner #1 Name	William Ku	hek		Title	President			
Date of Birth	04/06/197			– SSN		37		
Full Home Address		vas St. Madison H	ts Mi 48071	_	3,0 30 30			
Home Phone	(248) 245-		I Phone	(248) 245-2		kubeks	carpentry@ya	ahoo.com
Own/Rent	\$ 0 Own		ars There 1	-		120887866270	State	Mi
·								
Owner #2 Name				Title	<u> </u>			
Date of Birth				- SSN				
Full Home Address				_				
Home Phone		Cel	l Phone		Email			
Own/Rent	\$	Ye	ars There	D	rivers Lience #		State	
Business Home Bas	ed? `	Yes Locatio	on: Lease/Owr	n Owned	Lease Terr	n	Monthly	y Rent
Landlord / Mortgage	e Co. Ch	nase			 Conta	ıct	800848938	0
Contact Phone	(80	00) 848-9380	Ce	<u>8)</u> II	300) 848-9380	Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			— Contact			— Phone		
Trade Reference#2	-		— Contact	·		— Phone		
Trade Reference#3			— Contact			– Phone		
I hereby represent that all	the above info	ormation is true and	understand that n	making false sta	itements might be con:	sidered fraud. By pro	oviding the abov	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. 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 William	n Kubek Date	03/11/2017
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