	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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Type of Business Address	DBA Name		Crafted Palette		Le	gal Name	Crafted Pale	tte, llc		
Phone at Location	Type of Business		Cafe / Paint and Sip T		Ta	ax ID	47-2454511		LLC	
Phone at Location C1751 409-4781 Best Phone (916) 276-7699 Fax	Full Business Addre	Full Business Address 130 West Street Reno, NV 89501								
Business Email	Full Billing Address									
Years In Business 2 Average Ticket Gross Annual Sales 190,000.00 Do you currently have cash advance? Yes With who? Balance 9500 Current Credit Card Processor Average Processing Volume Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Gail Knight Title Managing Owner Full Home Address 360 Killborne Ave Reno, NV 89509 SSN 518-90-6478 Home Phone [916] 276-7699 Email knightappraiser@gmail.com Own/Rent \$ 0 Rent Years There 5 Drivers Lience # 020366060 State NV Owner #2 Name Title SSN SSN SSN SSN SSN SSN NV Owner #2 Name Cell Phone Email SSN NV SSN SSN SSN SSN <td>Phone at Location</td> <td></td> <td colspan="2">(775) 409-4781</td> <td> B</td> <td colspan="2">Best Phone (916) 276-7699 Fax</td> <td></td>	Phone at Location		(775) 409-4781		B	Best Phone (916) 276-7699 Fax				
Do you currently have cash advance? Yes With who? Average Processing Volume	Business Email		craftedpalette@	gmail.com		Website	www.craftedpalette.com			
Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Gall Knight Title Managing Owner Date of Birth 09081960 SSN 518-90-6478 Full Home Address 360 Killborne Ave Reno, NV 89509 Cell Phone (916) 276-7699 Email knightappraiser@gmail.com Own/Rent \$ 0 Rent Years There 5 Drivers Lience # 0203606260 State NV Own/Rent \$ 0 Rent Years There Email SSN State NV Date of Birth S 10 Rent Years There Drivers Lience # State NV Business Home Baddress No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Westlyn Appts Contact Email Monthly Rent Landlord / Mortgage Co. Westlyn Appts Contact Branch Manager Phone (775) 267-5842	Years In Business		2	Average Tick	et		Gross Annua	I Sales <u>190,000.0</u>	0	
Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets Owner #1 Name Date of Birth Ponne Ponne Own/Rent Gail Knight Sight Sight Sight Sight Sight Sight Ponne Ave Reno, NV 89509 Title Managing Owner Own/Rent Sight Ponne Ponne Own/Rent Sight Ponne Ponne Own/Rent Sight	Do you currently ha	ave cash	advance?	Yes W	ith who? _			Balance 9500		
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Date of Birth	3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets		
Date of Birth	_									
Full Home Address Addr										
Home Phone				2500	SSN	518-90-647	8			
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Trade Reference#2 Waffle Envy Contact Kevin Murray Phone (775) 232-4463	Bank Name/Branch	Bank o	f America	Contact	Branch N	Manager	Phone	(775) 267-5842		
	Trade Reference#1	LA Bak	ery	Contact	Ali		Phone	(775) 885-2253		
Trade Reference#3 The Plaza Resort Club Contact Dan Duerst Phone (775) 786-2200	Trade Reference#2	Waffle	Envy	Contact	Kevin Mu	urray	Phone	(775) 232-4463		
	Trade Reference#3	The Pla	aza Resort Club	Contact	Dan Due	erst	Phone -	(775) 786-2200		

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 authorized 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.

vorks bliect and to each of the Recipients, on its own benail.				
Signature#1	Printed Name	Gail Knight	Date	07/28/2017