MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Patrick

DBA Name		Faddy's	s Tree Sp	ecialist	1	egal N	lame	Faddy	's Tree	Specialist			
Type of Business		Eaddy's Tree Specialist Tree Removal				_Legal Name Tax ID		Eaddy's Tree Specialist 46-4457354					LLC
			5419 Ransom dr			- I dx ID		40-4437334				LLC	
Full Billing Address	.33	3413 110	insom ar										
			(803) 529-5063			Best Phone (803) 52			63	Fax	(803)	260-9762	
Business Email				reespecialist@gmail.com		Website		7 3 2 3 3 0		Tux	(003)	200 37 02	<u> </u>
Years In Business					verage Ticket		VVCDSICC		Gross Annual Sales 200,000,000.00			00.00	
Do you currently h	ave cach	advance?	······································	_		Manti	s and Sbmc	0.0007	umaar	-	nce 7,000		-
			1	162 W	ricii wiio:	Marici				_	11ce <u>7,000</u>	. 10,000	
Current Credit Card	d Processo	or				_	Average	Processi	ing Vol	ume			-
Last Month Vol.			#of Ticl	kets		2nd	Month Vol.			#of T	ickets		
3rd Month Vol.			#of Ticl	kets		4th	Month Vol.			#of T	ickets		
Owner #1 Name	Barry Ead	ddy			Title	e	Owner						
Date of Birth	11/11/78				SSN	V	247-43-532	22					
Full Home Address	5419 Rar	5419 Ransom dr cola sc 29206											
Home Phone	(803) 260)-9762	Cell I	Phone –			Email —		eaddys	streespecial	ist@gmail.c	:om	
Own/Rent	\$ <u>0 Owr</u>	1	_ Year	rs There 5		Drivers	Lience # 00	07434762	2	State	South	Carolina	
Owner #2 Name					Title	е							
Date of Birth					SSN	V							
Full Home Address													
Home Phone			Cell I	Phone _			Email —						
Own/Rent	\$		_ Year	s There	[Drivers	Lience #			State			
Business Home Bas	sed?	Yes	Location	n: Lease/Own	Owned	d	_Lease Tern	n		Montl	hly Rent	750.00	
Landlord / Mortgage	e Co. <u>M</u>	le. LEE					Conta	ict		803 543 8	3860		
Contact Phone	_			_ Cell	_			_	Email	_			
Bank Name/Branch	Bbt			Contact	Mrs. Sh	nerri		Pho	one	(803) 46	2-3597		
Trade Reference#1				 Contact	- <u>-</u>			Pho	one				
Trade Reference#2				– Contact				— Pho	one				
Trade Reference#3				Contact				— Pho	one				
I hereby represent that all	the above in	formation is	true and u	nderstand that ma	king false st	atemen	ts might be cons	sidered fra	ud. By pr	oviding the al	oove informa	tion, the app	olicant(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	Barry Eaddy	Date	01/04/2018