

DBA Name	<u>Cabintek LLC</u>	Legal Name	<u>cabintek</u>
Type of Business	<u>manufacturing</u>	Tax ID	<u>20-8625191</u> LLC
Full Business Address	<u>133 saeger ave</u>		
Full Billing Address	_____		
Phone at Location	<u>(262) 853-1492</u>	Best Phone	<u>(262) 853-1492</u> Fax _____
Business Email	<u>officeadmin@cabintek.com</u>	Website	<u>www.cabintek.com</u>
Years In Business	<u>20</u>	Average Ticket	_____ Gross Annual Sales <u>1,000,000.00</u>
Do you currently have cash advance?	<u>No</u>	With who?	_____ Balance _____
Current Credit Card Processor	_____	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	<u>Mark Wille</u>	Title	<u>manager</u>
Date of Birth	<u>05-10-1950</u>	SSN	<u>390--5-4-06</u>
Full Home Address	<u>133 saeger ave oconomowoc wi 53066</u>		
Home Phone	<u>(262) 853-1492</u>	Cell Phone	<u>(262) 853-1492</u> Email <u>mark@cabintek.com</u>
Own/Rent	<u>\$ 0 Own</u>	Years There	<u>35</u> Drivers Lience # <u>W400-5455-0170-06</u> State <u>wisconsin</u>
Owner #2 Name	_____	Title	_____
Date of Birth	_____	SSN	_____
Full Home Address	_____		
Home Phone	_____	Cell Phone	_____ Email _____
Own/Rent	<u>\$ _____</u>	Years There	_____ Drivers Lience # _____ State _____

Business Home Based?	<u>No</u>	Location: Lease/Own	<u>Leased</u>	Lease Term	_____ Monthly Rent _____
Landlord / Mortgage Co.	<u>Montgomery Properties</u>		Contact	<u>Jim Hiam</u>	
Contact Phone	<u>(262) 510-3411</u>	Cell	<u>(262) 510-3411</u>	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 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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	<u>Mark Wille</u>	Date	<u>07/21/2017</u>
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