

DBA Name	S&P House Paintir		se Painting	ng Specialists Legal N		Name	S&P House Painting Specialists		
Type of Business		House painting			Tax ID		81-3966810	81-3966810	
			chard dr. L	_ees Summi	it,MO 64063				
Full Billing Address									
Phone at Location (816) 308-3996			8-3996		Best	Phone (816) 308-3996	Fax	
Business Email smatson58870@g		58870@gn	gmail.com		Website	http://housepaintingkansascity.com/		n/getoffer/	
Years In Business		1	A	verage Tick	cet		Gross Annual Sales 120,000.00		
Do you currently ha	ave cas	h advance?	N	lo W	ith who?			Balance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.	-		#of Ticket	s	2n	d Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticket	s	4t	h Month Vol.		#of Tickets	
Owner #1 Name	Stephe	n Matson			Title	Sole Prop			
Date of Birth	09-09-				SSN	491-90-32			
Full Home Address	106 ne orchard dr. Lees Summit,MO 64063								
Home Phone	(816) 308-3996 Cell Phone (816) 308-3996 Email smatson58870@gmail.com								
Own/Rent	\$ 0 R	<u> </u>		here 1	Drivers Lience # Ste		tephen Matson	ephen Matson State Missouri	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Pho	ne _		Email			
Own/Rent	\$		Years T	here	Drive	rs Lience #		State	
Business Home Base	ed?	No	Location: L	.ease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co.	Amy Matso	n			Conta	act	816-260-6228	
Contact Phone		(816) 260-6	5228	Cell	(816)	260-6228	Email	amatson30@y	/ahoo.com
Bank Name/Branch	UMB			Contact	Michael		Phone	(816) 347-7360	
Trade Reference#1	House painting Cor		Contact	Aileen Murphy		Phone	(816) 786-1069		
Trade Reference#2	House painting (Contact	Craig Savage		 Phone	(630) 488-7089		
Trade Reference#3	House	e painting		Contact	Laurie Wolf		Phone	(913) 940-6294	

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	Stephen Matson	Date	10/19/2016
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