DBA Name		9Tribe			Le	gal Name		9Tribe			
Type of Business		Software Development			Tax ID		-	47-1725828			LLC
Full Business Addre	SS	722 N Bi					-				
Full Billing Address											
Phone at Location (405) 562-7992				Е	Best Phone (4	05) 5	93-2502	Fax			
Business Email		melissa@9tribe.com			Website			9tribe.com			
Years In Business	n Business 3		3 Average		ket			Gross Annual Sales 320		20,000.00	
Do you currently h	ave cash	advance?		Yes \	With who? K	abbage			Balan	ce <u>\$4000</u>	
Current Credit Card Processor		or				Avera	ge Pr	ocessing Vol	ume		
Last Month Vol.			#of Tick	ets		2nd Month Vo	ol.		#of Tio	ckets	
3rd Month Vol.			#of Tick	ets		4th Month Vo	ol		- #of Tid	ckets	
Owner #1 Name	Melissa V	/incent			Title	CEO					
Date of Birth	15-01-19	77			SSN	207-56	-6203				
Full Home Address	401 New	port Bridge	Drive								
Home Phone	(405) 593	3-2502	Cell P	hone		Email		meliss	a@9tribe.com	1	
Own/Rent	\$ <u>0 Ren</u>	t	_ Years	There 1	Dı	rivers Lience #	F082	2597591	State	OK	
Owner #2 Name	Jay Kelly				Title	C00	7010				
Date of Birth					SSN	439-53	-/919				
Full Home Address		port Bridge			(405) 600 0						
Home Phone	(405) 620	0-3200	Cell P		(405) 620-3				tribe.com		
Own/Rent	\$ Rent		_ Years	There 1	Dı	rivers Lience #	F082	2273904	State	OK	
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Te	erm		Monthly	Rent	
Landlord / Mortgage	e Co. <u>C</u>	Chade Na	sh			Co	ntact		Chade Nas	h	_
Contact Phone	(4	405) 401-	6031	Cell	_			Email	chad	e@4wordsst	rategy.com
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 ir	nformation is	true and un	derstand that m	aking false stat	ements might be	conside	ered fraud. By pr	oviding the abo	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	Melissa Vincent	Date	10/27/2016