

DBA Name	Bluesto	one Financial Group	Leg	gal Name	Bluestone Financial G	roup	
Type of Business	Master	Master Mortgage Servicer		x ID	46-4513247	LLC	
Full Business Addres	ss <u>3350 S</u>	W 148th Avenue					
Full Billing Address							
Phone at Location	(954) !	591-9722	В	est Phone (954)	591-9722 Fax		
Business Email	Email cthompson@bluestone-financia		algroup.com	Website	www.bluestone-fina	ncialgroup.com	
Years In Business	3	Average Tic	ket		Gross Annual Sales	500,000.00	
Do you currently ha	ve cash advance?	No Wi	ith who?		Balar	nce	
Current Credit Card Processor Average Processing Volume							
Last Month Vol.		#of Tickets		2nd Month Vol.	#o	f Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.	#0	f Tickets	
Owner #1 Name	Calvin Thompson		Title	President			
Date of Birth	12091970		- SSN	046-64-739	99		
Full Home Address	11000 Miramar Blv	 /d, Apt 10101, Miramar, Fl	lorida 33025				
Home Phone	(954) 591-9722	Cell Phone	(954) 591-97	22 Email	cthompson@blu	estone-financialgroup.com	
Own/Rent	\$ 0 Rent	Years There 2	Dri	vers Lience #	State	Florida	
		_					
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	Dri	vers Lience #	State		
Business Home Bas	ed? No	Location: Lease/Own	Leased	Lease Term	nMo	nthly Rent	
Landlord / Mortgage	e Co. Regus - H	luntington		Contac			
Contact Phone		Cel	ı		_ Email _		
Bank Name/Branch		Contact			Phone		
Trade Reference#1		Contact			Phone		
Trade Reference#2		Contact			Phone		
Trade Reference#3		Contact			Phone		
authorize you to whom this will provide financial state authorize Money Works Di	s application is made on ments, tax returns, et rect, Inc. to receive pe	or your agents to investigate r c. as you deem necessary. A ertinet information regarding t	my/our financial photocopy of th the commercial	responsibility and crais authorization will lease for the above r	edit worthiness, specifically posteriors be deemed as acceptable for eferenced location from my l	e above information, the applicant(s) principal and corporate entities, and r release of credit information. I/We easing company and or agent. I/we business and business ownet/officer	

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	Calvin Thompson	Date	05/08/2017
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