

DBA Name	<u>Ho</u>	ltstoneworks	& landscs	pe d	lesign Le	egal N	ame	Holtst	onework	s and la	andscape de	sign
Type of Business	Ma	ison			Tā	ax ID		04358	34967			Sole Prop
Full Business Addre	ss <u>30 k</u>	kathryn In. Su	ite 3 Holli	ston	ma 01746							
Full Billing Address												
Phone at Location	(50	08) 308-3018			E	Best P	hone <u>(508)</u>	308-30)18	Fax		
Business Email	Lec	on@holtstone	eworks.co	m		W	ebsite	Holts	onework	s.com		
Years In Business	20		Average	e Tic	ket			Gross	Annual S	ales	250,000.00	0
Do you currently ha	ave cash adva	ince?	No	٧	Vith who? _					Ва	lance	
Current Credit Card	l Processor					_	Average	Process	ing Volu	me		
Last Month Vol.		#of Tic	kets			2nd I	Month Vol.			#o	f Tickets	
3rd Month Vol.		#of Tic	kets			4th N	Month Vol.			#o	f Tickets	
Owner #1 Name	Leon Holt				Title		Owner					
Date of Birth	8/23/1968				SSN		010-58-64	80				
Full Home Address		atick ma. 0176			(500) 200 2	010						
Home Phone	(508) 308-301		Phone	-	(508) 308-3		Email —		leon@no		works.com	
Own/Rent	\$ <u>0 Rent</u>	Yea	rs There	4	D	rivers	Lience #			_State		
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone		Cell	Phone				Email					
Own/Rent	\$	Yea	rs There	_	D	rivers	_ Lience #			State		
Business Home Bas	ed? No	Locatio	n: Lease/0	Dwn	Leased		Lease Terr	n		Moi	nthly Rent	
Landlord / Mortgage	——————————————————————————————————————						- Conta	 ict				
Contact Phone				Cell				_	Email	_		
Bank Name/Branch			Cont	act				Ph	ione			
Trade Reference#1			— Cont	act				— Ph	one -			
Trade Reference#2			— Cont					_	one -			
Trade Reference#3			— Cont					_	ione –			
				_							1 16 1	

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	Leon Holt	Date	12/29/2017