

DBA Name		Larry Henderdo	on CPA	L	_egal Name	Larry Henders	on, Inc.	
Type of Business		CPA Firm			Гах ID	454136188	454136188	
 Full Business Addre	ess	5455 Remington	n Road					
Full Billing Address								
Phone at Location		(541) 207-2817			Best Phone (503) 867-5946 Fax			
Business Email					Website			
Years In Business		5	Average	Ticket		Gross Annual S	ales 400,000.00	
Do you currently h	ave cash	advance?	No	With who?			Balance	
Current Credit Card	d Processo	or				e Processing Volur	me	
Last Month Vol.		#of Ti	ckets		— 2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Larry Her	nderson		Titl	e Owner			
Date of Birth	Owner			SSI	N 438-11-4	413		
Full Home Address	5455 Ren	nington Road						
Home Phone	(503) 867	7-5946 Cel	l Phone	(541) 207-	2817 Email	rynni@h	endersoncpas.com	
Own/Rent	\$ <u>0 Owr</u>	Ye	ars There	1	Drivers Lience #	7993106	_StateOR	
Owner #2 Name				Titl	۵			
Date of Birth				110 122				
Full Home Address								
Home Phone		Cel	l Phone		Email			
Own/Rent	\$		ars There		Drivers Lience #		State	
		NI.	,		–		M 111 5 :	
Business Home Bas	sed?	No Location	on: Lease/O	wn <u>Lease</u>	d Lease Te	·m	Monthly Rent	
Landlord / Mortgag	e Co				Cont	act _		
Contact Phone	_			Cell _		Email		
Bank Name/Branch			Conta	ıct		Phone		
Trade Reference#1			 Conta	nct		Phone		
Trade Reference#2			— Conta	nct		Phone		
Trade Reference#3			 Conta	nct		Phone		
I hereby represent that all	the above in	formation is true and	understand the	at making false st	atements might be co	nsidered fraud. By prov	riding the above information	on 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	Larry Henderson	Date	05/26/2017