

Tax ID	DBA Name	St	mca		Lega		Treasure Tro	Treasure Trove Park	
Full Business Address Full Billing Address Full Business Email Cavectylimits@gmail.com			Tourist						Corp
Proper at Location Carol y 991-4510 Best Phone (279) 991-4510 Fax (830) 392-6637		ss 901	./817 Mammoth	Cave Road ('
Phone at Location	Full Billing Address				<u> </u>				_
Years In Business 10 Average Ticket Gross Annual Sales 500,000.00 Do you currently have cash advance? No With who? Balance Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets Owner #1 Name Tracy Hill Title Manager Member Date of Birth 12 24 68 SSN 401-11-1244 Full Home Address 2128 Chesapeake Drive , Bowling Green Ky 42104 Home Phone (270) 991-4510 Email Cavecitylimits@gmail.com Own/Rent \$ 0 Own Years There 14 Drivers Lience # b83087656 State Kentucky Owner #2 Name Title Email Cavecitylimits@gmail.com Owner #2 Name Email Cavecitylimits@gmail.com Owner #2 Name Email Cavecitylimits@gmail.com Drivers Lience # b83087656 State					Bes	st Phone (279	9) 991-4510	Fax	(830) 392-6637
Do you currently have cash advance? No With who? Balance	Business Email	Cavecitylimits@g		mail.com		Website	Treasure Tro	Treasure Trove Park Facebook	
Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Tracy Hill Title Manager Member Date of Birth 12 24 68 5SN 401-11-1244 Full Home Address 2128 Chesapeake Drive , Bowling Green Ky 42104 Email cavecitylimits@gmail.com Own/Rent \$ 0 Own Years There 14 Drivers Lience # b83087656 State Kentucky **Owner #2 Name Title Title SSN Finall Cell Phone Email Finall F	Years In Business	10	10 Average Tic			cet		Gross Annual Sales 500,000.00	
Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Tracy Hill Title Manager Member Date of Birth 12 24 68 5SN 401-11-1244 Full Home Address 2128 Chesapeake Drive , Bowling Green Ky 42104 Email cavecitylimits@gmail.com Own/Rent \$ 0 Own Years There 14 Drivers Lience # b83087656 State Kentucky **Owner #2 Name Title Title SSN Finall Cell Phone Email Finall F	Do you currently ha	ave cash adva	ance?	No W	ith who?			Balan	ce
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Owner #1 Name Tracy Hill Title Manager Member Date of Birth 12 24 68 \$5SN 401-11-1244 Full Home Address 2128 Chesapeake Drive , Bowling Green Ky 42104 Home Phone (270) 991-4510 Cell Phone (270) 991-4510 Email cavecitylimits@gmail.com Own/Rent \$ 0 Own Years There 14 Drivers Lience # b83087656 State Kentucky Owner #2 Name Title Title SSN Date of Birth SSN Full Home Address Home Phone Cell Phone Email State Own/Rent \$ Own Years There Drivers Lience # State State Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. n/a Contact Email Bank Name/Branch U S BANK Contact Desondra Stockton Phone (270) 308-0907 Trade Reference#1 C.E.A. Contact Jessica , (Tuck) Phone (270) 773-2887 Trade Reference#2 SCRTC <td>Last Month Vol.</td> <td></td> <td> #of Tick</td> <td>ets</td> <td>2</td> <td>nd Month Vol.</td> <td></td> <td>#of Tid</td> <td>ckets</td>	Last Month Vol.		#of Tick	ets	2	nd Month Vol.		#of Tid	ckets
Date of Birth	3rd Month Vol.		#of Tick	ets	4	th Month Vol.		#of Tid	ckets
Date of Birth	Owner #1 Name	Tracy Hill			Title	Manager	Member		
Full Home Address									
Own/Rent \$ 0 Own Years There 14 Drivers Lience # b83087656 State Kentucky Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Email Own/Rent \$ Own Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. n/a Contact n/a Contact Phone Cell Email Bank Name/Branch U S BANK Contact Desondra Stockton Phone (270) 308-0907 Trade Reference#1 C.E.A. Contact Jessica , (Tuck) Phone (270) 773-2887 Trade Reference#2 SCRTC Contact Andrea Phone (270) 678-8204	Full Home Address								
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Trade Reference#2 SCRTC Contact Andrea Phone (270) 678-8204	Bank Name/Branch	U S BANK		Contact	Desondra	Stockton	Phone	(270) 308-	-0907
	Trade Reference#1	C.E.A.		Contact	Jessica , (T	uck)	Phone	(270) 773-	-2887
Trade Reference#3 Lowes Contact GARY or TAMMY Phone (270) 659-3700	Trade Reference#2	SCRTC		Contact	Andrea		Phone	(270) 678	-8204
	Trade Reference#3	Lowes		Contact	GARY or T	AMMY	Phone	(270) 659	-3700

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	Tracy Hill	Date	07/17/2019
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