

DBA Name		The Mad Reefe	r LLC	Legal	Name	The Mad Red	efer LLC		
Type of Business		Retail		Tax ID		47-1510223		LLC	
Full Business Addre	SS	1845 South Patrick Drive Indian Harbour Beach Florida 32937							
Full Billing Address	55					•			
		(321) 421-7551	 l) 421-7551		Best Phone (321)		Fax		
-		themadreeferstore@gmail.con		n Website		N/A			
Years In Business	2.5		Average Tick	et	C	Gross Annual Sales 350,000.00			
Do you currently ha	ave cash	advance?	No W	/ith who?			 Balance		
Current Credit Card	or		Average Processing Volume			lume			
Last Month Vol.		#of Ti	ckets	2nc	Month Vol.		#of Tickets		
3rd Month Vol.		#of Ti	ckets	4th	Month Vol.		#of Tickets		
L									
Owner #1 Name	Matthew	Satterfield		Title	Owner				
Date of Birth	11-05-1983			SSN 593-34-69		ļ			
Full Home Address	Home Address 1890 Talloak Road Melbourne FL 32935								
Home Phone	(321) 987-0203 Cell Phone (321) 987-0203 Email themadreeferstore@gmail.com								
Own/Rent	\$ 0 Rent Years There		ars There 2.5	2.5 Drivers Lience # S3		361-555-83-405-0 State Florida		_	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell	Phone _		Email				
Own/Rent	\$	Yea	ars There	Driver	s Lience #		State	_	
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Term		Monthly Rent		
Landlord / Mortgage	e Co. R	Rick Beyer			— Contact		321-773-2525		
Contact Phone	_		Cell			Emai			
Bank Name/Branch	Bank of	f America IHB	Contact	Sara Brock		Phone	(321) 201-8697		
Trade Reference#1			— Contact	Chris Meckley		Phone	(813) 704-5980		
Trade Reference#2	TFT Distributors		 Contact	Jerry Tieder		Phone	(954) 923-6050		
Trade Reference#3	Exotic Sea Life		Contact	Valerie Campanelli		Phone	(305) 722-2220		
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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 M	latthew Satterfield Da	ate	01/16/2017
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