

DBA Name		Empowerme	nt	Le	egal Name	Empowerment En	tertainment		
Type of Business		NV Corp		Ta	ax ID	27-3428695		Corp	
Full Business Address 8174 S. Las Vegas Blvd. Suire 109-541 Las Vegas, NV 89123									
Full Billing Address	_								
Phone at Location		(888) 849-12	33	1	Best Phone		Fax		
Business Email		mike@factor	yfansdirect.cor	<u>n</u>	Website	www.factoryfanso	lirect.com		
Years In Business		7	Average 1	Ticket		Gross Annual Sale	s <u>350,000.00</u>		
Do you currently h	ave cash a	dvance?	No	With who? _			Balance		
Current Credit Card	d Processo	r			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	Mike Mille	r		Title	President				
Date of Birth	05-16-194	l8		— SSN	000-00-00	000			
Full Home Address	8174 Las \	Vegas Blvd. S. L	as Vegas, NV 89	 123					
Home Phone	(951) 244	-8444 (	ell Phone		Email	mpmiller1@	ca.rr.com		
Own/Rent	\$ <u>0</u> Own		ears There	D	rivers Lience # 0	00000000000000 St	ate <u>NV</u>		
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address			'all Dhana		Feesil				
Home Phone			ell Phone		Email				
Own/Rent	\$		ears There _	b	rivers Lience # _	St	ate		
Business Home Bas	sed?	No Loca	tion: Lease/Ow	ın <u>Leased</u>	Lease Teri	m	Monthly Rent		
Landlord / Mortgag	e Co				Conta	act			
Contact Phone			C	ell		Email			
Bank Name/Branch			Contac	t		Phone			
Trade Reference#1			Contac	t		Phone			
Trade Reference#2	-		Contac			Phone			
Trade Reference#3			Contac	t		Phone			
I hereby represent that all	the above inf	ormation is true a	nd understand that	making false sta	tements might be con	sidered fraud. By providin	g the above information, t	he 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	Mike Miller	Date	08/04/2016