

DBA Name Type of Business		Bartons auto refinishing Auto body			egal Name	Bartons Auti Refinishing 179684862		Sole Prop
					ax ID			
Full Business Addre	ss <u>2</u>	115 state route	e 217 Blairsville	PA 15717				
Full Billing Address								
Phone at Location		(724) 599-285	6	Best Phone		Fax		
Business Email					Website			
Years In Business	4	1	Average Tic	ket		Gross Annual S	sales <u>85,000.00</u>	
Do you currently h	ave cash ac	dvance?	No V	Vith who? _			Balance	
Current Credit Card Processor					Average	Processing Volu	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	Aidan barto	on.		Title	Aidan bart	on		
Date of Birth	07-05-1986			SSN	179-68-48			
Full Home Address		Morrow st Blairsv	ille pa	33.1				
Home Phone	(724) 599-2		I Phone		Email	amcam	(401@gmail.com	
Own/Rent	\$ 0 Own	Ye	ars There $\frac{1}{1}$	D	rivers Lience # 2	7542545	State Pa	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cel	l Phone		Email			
Own/Rent	\$	Ye	ars There	D	rivers Lience #		State	
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Terr	n <u>1 year</u>	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ict _		
Contact Phone			Cell	_		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1	_		 Contact			Phone		
Trade Reference#2			— Contact	_		Phone		_
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above info	rmation is true and	understand that ma	aking false sta	tements might he cons	sidered fraud. By pro	viding the above information	n the annlicant(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	Aidan barton	Date	12/22/2016