

DBA Name	BA Name Colorado in a Ba		sket	ket Legal Name		Colorado in a Basket of Boulder		
Type of Business		Retail/ gift baskets		Tax ID		84-1568693		Sole Prop
Full Business Address		199 Summit Way			. -			
Full Billing Address								
		(303) 664-1401		Bes	Best Phone (303) 6		Fax	
Business Email		coloradobasket@hotmail.com		n Website		coloradobaskets.com		
Years In Business		18 Average Tio		cket		Gross Annual Sales 120,000.00		
Do you currently ha	ve cash a	idvance?	Yes V	Vith who? For	a Financial		Balance <u>9,500</u>	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tic	kets	2r	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets	4t	th Month Vol.		#of Tickets	
Owner #1 Name	Tracy Barr			Title	Owner			
Date of Birth	10/03/1960			SSN	524-08-8	131		
Full Home Address	199 Summ		DI	(202) 646 710) F		dahaalaab Obabusa ilaa us	
Home Phone		(303) 664-1401 Cell Phone		(303) 646-7183 Email coloradobasket@hotmail.co				
Own/Rent	\$ <u>0 Own</u>	Year	rs There 1	Drive	ers Lience # 9	94-306-2310	State CO	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Year	rs There	Drive	ers Lience #		State	
Business Home Base	ed?	Yes Location	n: Lease/Own	Owned	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	. Co	_			 Cont	act		
Contact Phone			_ Cel	l		Email		
Bank Name/Branch	Wells Fa	irgo	Contact			Phone		
Trade Reference#1	Colorado	o food showroom	_ Contact	Lucy		Phone	(303) 295-0948	_
Trade Reference#2	Roberta'	's Chocolates	 Contact	Roberta		Phone	(303) 824-2069	
Trade Reference#3	Basket V	World	Contact	Diane		Phone	(303) 394-3388	

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 Barnkow	Date	04/20/2017
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