MoneyWorks >>	Sales Rep: Julian

DBA Name		ECOJOI	HN		Le	egal Name		Ecojohn, Inc.			_
Type of Business		Distribu	Distribute toilets and mobile restrooms Tax ID					455247421			Corp
Full Business Addre	SS.	6148 G	etty Drive								
Full Billing Address											
Phone at Location		(501) 8	(501) 833-0155			Best Phone		Fax			
Business Email		info@e	cojohn.co	m		Website		www.ecojohn.com	m		
Years In Business		7		Average Tic	ket			Gross Annual Sale	es <u>80</u> 0	0,000.00	
Do you currently h	ave cas	h advance	?	No V	Vith who? _				Balance	e	
Current Credit Card	d Proces	ssor				_ Ave	erage	Processing Volume	_		
Last Month Vol.			#of Tick	ets		2nd Month	Vol.		#of Tick	cets	
3rd Month Vol.			#of Tick	ets		4th Month	Vol.		#of Tick	cets	
Owner #1 Name	Stefan	Johansson			Title	Princ	cipal				
Date of Birth	939678	8625			SSN	625-	98-022	28			
Full Home Address	5 Felds	spar Ct									
Home Phone	(501) 8	33-0144	Cell P	hone		Ema	il	info@ecojo	hn.com		
Own/Rent	\$ 0 Re	ent	Years	There 3		rivers Lience	# 93	39678625 S	itate	AR	
Owner #2 Name					Title	·					
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell P	hone .		Ema	il				
Own/Rent	\$		Years	There	D	rivers Lience	# _	S	State		_
Business Home Bas	sed?	No	Location	: Lease/Own	Leased	Lease	e Tern	n	_Monthly	Rent	
Landlord / Mortgag	e Co.					(Conta	ct <u>W</u> a	ldens		
Contact Phone		(501) 819	-6985	_ Cell	l <u> </u>			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	information i	s true and un	derstand that ma	aking false sta	tements might	be cons	idered fraud. By providi	ng the above	e information, the	e 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	Stefan Johansson	Date	10/01/2019