	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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Type of Business LLC Tax ID 81-2856922 Full Business Address 238 Willimantic Road Chaplin CT 06235 Full Billing Address Phone at Location (860) 786-7687 Best Phone Fax (860) 760-6635 Business Email bill@ctcaskets.com Website www.ctcaskets.com Years In Business 8 Average Ticket Gross Annual Sales 2,900,000.00 Do you currently have cash advance? Yes With who? Intria Balance 48K Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets	Corp					
Full Billing Address Phone at Location (860) 786-7687 Best Phone Website Www.ctcaskets.com Years In Business Average Ticket Do you currently have cash advance? Yes With who? Intria Average Processing Volume						
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<u></u>						
Last Month Vol #of Tickets 2nd Month Vol #of Tickets	<u> </u>					
3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets						
Owner #1 Name Home Title President	l					
Date of Birth 02041980 SSN 040-72-2246						
Full Home Address 35 Boulevard Road						
Home Phone (860) 428-3182 Cell Phone (860) 428-3182 Email bill@ctcaskets.com						
Own/Rent \$ 0 Own Years There 10 Drivers Lience # 167090240 State CT						
Owner #2 Neme						
Owner #2 Name Date of Birth SSN	—					
Full Home Address						
Home Phone Cell Phone Email						
Own/Rent						
Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent						
Landlord / Mortgage Co. Ives Contact Ashley						
Contact Phone (860) 377-9965 Cell Email	<u> </u>					
Bank Name/Branch Bank of America Willimani Contact Ben (Manager) Phone (860) 786-6108						
Trade Reference#1 DuoFast Northeast Contact Rick Berheart Phone (860) 334-0363						
Trade Reference#2 American Cord and Webbing Contact Terry Phone (401) 762-5500						
Trade Reference#3 Sarah Winter Clothworks Contact Sarah Winter Phone (860) 423-7010						

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1 Printed Name William Covey Date 01/07/2019	ure#1	Printed Name	William Covey	Date	01/07/2019
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