MoneyWorks >>	Sales Rep: Julian

DBA Name		honey b des	sians	1	egal Name	honey b design	ıs	
Type of Business		manufacter			ax ID	201646303	.5	Sole Prop
Full Business Addre	icc	2284 fletche		''	ux 15	201010303		
Full Billing Address	.33	2204 Heterie	i parkway					
Phone at Location		(619) 469-2	083		Best Phone (619) 469-2083	Fax	(619) 466-2966
Business Email			odesigns.com		Website	honeybdesigns		(013) 400 2300
Years In Business		30	Average T	ickot		Gross Annual Sa		0,000.00
			_					
Do you currently h			No	With who? _				e
Current Credit Card	d Processo	or			_ Average	Processing Volun	ne –	
Last Month Vol.		#o	f Tickets		2nd Month Vol.		#of Tick	cets
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tick	cets
Owner #1 Name	paul loche	er		Title	e owner			
Date of Birth	12/18/195	57		SSN	551-11-93	334		
Full Home Address	886 hacie	enda dr						
Home Phone	(619) 448	-8922	Cell Phone	(619) 252-3	3301 Email	art@hon	eybdesigns.c	com
Own/Rent	\$ <u>0 Own</u>		Years There 3	<u> </u>	Privers Lience # <u>n</u>	4529712	_State	CA
				- :				
Owner #2 Name				Title	-			
Date of Birth Full Home Address				SSN				
Home Phone			Cell Phone		Email			_
Own/Rent			Years There		Drivers Lience #		Ctata	
Own/Rent	\$		rears mere _				_State	
Business Home Bas	sed?	No Loc	ation: Lease/Ow	n <u>Leased</u>	Lease Terr	m	Monthly	Rent
Landlord / Mortgage	e Co. <u>ce</u>	ethron			Conta	act _		
Contact Phone	_		Ce	ell _		Email		
Bank Name/Branch	us bank		Contact	t		Phone		
Trade Reference#1			 Contact	t		— — — Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true	and understand that	making false sta	atements might be con	sidered fraud. By prov	iding the abov	e information, the 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	paul locher	Date	07/31/2019