DBA Name	n2v S	olutions LLC	Le	egal Name	Brad Hermsen		
Type of Business	Telep	none Service Provider		ax ID	27-0258752		Corp
Full Business Addre		2nd St. Suite 241					•
Full Billing Address							
Phone at Location (507) 205-4024		205-4024	Best Phone			Fax	
Business Email	brad.l	nermsen@n2vs.com		Website	www.n2vs.com		
Years In Business	9.5	Average Tid	cket		Gross Annual Sa	ales <u>365,000.</u> 0)0
Do you currently ha	ave cash advance	e? Yes \	With who? <u>K</u>	(abbage		Balance 6333	.32
Current Credit Card	d Processor			Average	Processing Volum	ne	
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Brad Hermsen		Title -	Owner			
Date of Birth	03-31-1975		SSN -	388-80-22	31		
Full Home Address	1714 W. Mark St.						
Home Phone	(507) 205-4024	Cell Phone		Email	brad.herr	msen@n2vs.com	
Own/Rent	\$ <u>0 Own</u>	Years There 9.!	5 D	rivers Lience # $\frac{B}{}$	352049727410	_StateMN	
Owner #2 Name			Title				
Date of Birth			- SSN				
Full Home Address			-	_			
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	D	rivers Lience #		State	
Business Home Bas	sed? No	Location: Lease/Own	Leased	Lease Terr	m 3yr	Monthly Rent	1,350.00
Landlord / Mortgage		Eocucion. Ecuse, own		Conta		Prometry reme	
				Conto	_		
Contact Phone		Ce	<u> </u>		Email		
Bank Name/Branch	WNB Financial	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	is true and understand that m	naking false stat	tements might be con	sidered fraud. By provi	ding the above informa	ation, 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 TransDinion, 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	Brad Hermsen	Date	01/13/2020