MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Nick
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DBA Name		Crweate What M	latters	Le	gal Name	Create What Mat	tters	
Type of Business		construction ser	vices	Та	ax ID	46-176505		LLC
Full Business Addre	:SS	4690 Ricara Dr						
Full Billing Address								
Phone at Location (720) 587-7044		Best Phone (720)) 587-7044	Fax			
Business Email gsapman@gm		gsapman@gma	il.com Website		www.cretewhatmatters.net			
Years In Business 4		Average Tick		ket		Gross Annual Sales 385,000.00		
Do you currently h	ave cash	advance?	Yes W	ith who? 1	st global		Balance 3200	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.	-	#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	John Sapi	enza		Title	president			
Date of Birth	02141962	2		SSN	524-86-49	36		
Full Home Address	4690 Rica	ara Dr						
Home Phone	(720) 587	7-7044 Cell	Phone	(720) 587-70	044 Email	gsapman@	gmail.com	
Own/Rent	\$ <u>0 Ren</u>	t Yea	rs There 1	Dr	fivers Lience # $\frac{9}{2}$	4-271-1821	State Colorado	_
O #2 No				T'M -				
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address			D.I.					
Home Phone			Phone –		Email			
Own/Rent	\$	Yea	rs There	Dr	rivers Lience #		State	_
Business Home Bas	sed?	Yes Location	n: Lease/Own	Leased	Lease Teri	m	Monthly Rent	
Landlord / Mortgag	e Co. <u>J</u> o	onathan Hill			Conta	nct		
Contact Phone	_		Cell			Email		
Bank Name/Branch	1st Ban	k	Contact			Phone		
Trade Reference#1			— Contact			Phone		
Trade Reference#2			— Contact			—		
Trade Reference#3			— Contact			Phone		
I hereby represent that all	the above in	formation is true and u	nderstand that ma	king false stat	ements might be con	sidered fraud. By providi	ing the above 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	John Sapienza	Date	12/02/2016