

DBA Name	State Farm Insurance	Legal Name	Ryan Sturm Insurance and Financial Services Inc	
Type of Business	Insurance	Tax ID	471608761	Corp
Full Business Address	N56W15560 Silver Spring Drive Menomonee Falls, WI 53051			
Full Billing Address				
Phone at Location	(262) 751-1247	Best Phone	(262) 751-1247	Fax
Business Email	agentryansturm@gmail.com	Website	www.menomoneefallsinsurance.com	
Years In Business	2.5	Average Ticket		Gross Annual Sales
				200,000.00
Do you currently have cash advance?	Yes	With who?		Balance
				3800
Current Credit Card Processor		Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.
				#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.
				#of Tickets

Owner #1 Name	Ryan Sturm	Title	Owner
Date of Birth	10-23-1984	SSN	399-04-0630
Full Home Address	W180N7275 Townhall Road Menomonee Falls, WI 53051		
Home Phone	(262) 751-1247	Cell Phone	(262) 751-1247
		Email	agentryansturm@gmail.com
Own/Rent	\$ 0 Own	Years There	7
		Drivers Lience #	S3657308438308
		State	Wisconsin
Owner #2 Name		Title	
Date of Birth		SSN	
Full Home Address			
Home Phone		Cell Phone	
		Email	
Own/Rent	\$	Years There	
		Drivers Lience #	
		State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	Shecterle Commercial Properties			Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	First Bank Financial	Contact	Mary Wedor	Phone	(262) 252-1316
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 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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Ryan Sturm	Date	04/12/2017
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