

DBA Name		The kitchen	archive	L	egal Name	will a	nd pops llc			
Type of Business		Food truck commissary			Tax ID		273811542		L	LLC
Full Business Addre	ss <u>3</u>	108 glenn r	d, durham nc	27704						
Full Billing Address										
Phone at Location		(919) 943-7	074		Best Phone (919)		074 F	ax _		
Business Email		contact@thekitchenarchivenc.co			<u> </u>					
Years In Business		3 Average Ti		e Ticket	cket		Gross Annual Sales 800,000.00			
Do you currently ha	ave cash a	dvance?	No	With who?				Balance _		
Current Credit Card	d Processor				_ Avera	ge Process	sing Volume			
Last Month Vol.		#o	f Tickets		2nd Month Vo	ol		#of Ticket	S	
3rd Month Vol.		#o	f Tickets		4th Month Vo	ol		#of Ticket	5	
Owner #1 Name	will pettis			Title	-					
Date of Birth	08-25-1986			SSN	244-49	-2764				
Full Home Address	301 FAYET	TEVILLE ST U	NIT 2303							
Home Phone	(919) 943-	7074	Cell Phone	(919) 943-7	7074 Email		contact@the	kitchenarch	ivenc.com	
Own/Rent	\$ <u>0 Own</u>		Years There	9199437074	rivers Lience #	27677764	Sta	ate <u>I</u>	IC	
Owner #2 News				Title						
Owner #2 Name Date of Birth				Title SSN						
Full Home Address	-									
Home Phone			Cell Phone		Email					
Own/Rent	\$		Years There		Drivers Lience #		Sta	ate		
		_				-	-	-		
Business Home Bas	ed?	No Loc	ation: Lease/C	Own <u>Leased</u>	Lease T	erm _		Monthly Re	ent	
Landlord / Mortgage	e Co				Со	ntact				
Contact Phone	_			Cell _			Email			
Bank Name/Branch			Conta	act _		Pł	none			
Trade Reference#1			 Conta	act		 Pł	none			
Trade Reference#2			 Conta	act		 Pł	none			
Trade Reference#3			Conta	act		Pł	none			
1 h										

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	will pettis	Date	10/05/2018