

DBA Name		Hoffmaste	r Flectric		egal Name	Hoffmaster Electi	ric	
Type of Business		S Corp			ax ID	35-259109		Corp
Full Business Addre	cc		way st, Indianap			33 233 233		СОГР
Full Billing Address	33	4225 biode	way st, malanap	0113 114 40203				
Phone at Location		(219) 555	-5555		Best Phone		Fax	
Business Email		(213) 333	3333		Website			
Years In Business		6	Average	Ticket		Gross Annual Sale	es 1,000,000.00	
							-	
Do you currently ha			No	with who? _			Balance	
Current Credit Card Processo		or			_ 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	David Ho	ffmaster		Title	owner			
Date of Birth	01-01-19	87		SSN	311-11-15	87		
Full Home Address	4225 bro	adway st, ind	ianapolis IN 46205					
Home Phone	(219) 555	5-5555	Cell Phone		Email	david.hoff@	gmail.com	
Own/Rent	\$ <u>0</u> Owr	1	Years There	D	rivers Lience #	S	tate	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #	S	tate	
Business Home Bas	od?	No Lo	ocation: Lease/Ov	wn Leased	Lease Terr	m	Monthly Rent	
		NO LO	ication. Lease/O	WII Leaseu				
Landlord / Mortgage	e Co				Conta			
Contact Phone	_			Cell		Email		
Bank Name/Branch			Contac	ct		Phone		
Trade Reference#1			 Contac	ct		— —— Phone		
Trade Reference#2			 Contac	ct		 Phone		
Trade Reference#3			 Contac			 Phone		
	the above in	formation is tru			tements might he con-		ng the above information th	ne annlicant(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	David Hoffmaster	Date	09/03/2019