

DBA Name		Bonzai Crea	tive Solutions	Le	gal Name	Bonzai Technolog	gy Solutions LLC		
Type of Business		Technology		Tax ID		82-4723853		LLC	
Full Business Address 3110 Main Street, Santa Monica CA, 90405									
Full Billing Address									
Phone at Location		(415) 650-7361		Best Phone			Fax		
Business Email		mnichols@bonzaicreativesolu		utions.com	Website	www.bonzaicreativesolutions.com			
Years In Business		2	Average Ti	cket		Gross Annual Sales 350,000.00			
Do you currently h	ave cash	advance?	No	With who? _			Balance		
Current Credit Card Processor				Average	Processing Volume				
Last Month Vol.		#c	of Tickets		2nd Month Vol.		#of Tickets		
3rd Month Vol.		#c	of Tickets		4th Month Vol.		#of Tickets		
Owner #1 Name	Marc Nich	nols		Title	CEO				
Date of Birth	12/26/1966			SSN 007-74-56		20			
Full Home Address	55 Cook Street, Apt. 616, Denver, CO 80206								
Home Phone	(415) 650)-7361	Cell Phone	(415) 650-7	361 Email	mnichols@	bonzaicreativesolutions.c	om	
Own/Rent	\$ <u>0 Ren</u>	t	Years There	Dı	rivers Lience #	State		_	
Owner #2 Name				_ Title					
Date of Birth				SSN					
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There	Dı	rivers Lience # _		State	_	
Business Home Bas	sed?	No Loc	ation: Lease/Owr	n Leased	Lease Terr	n	Monthly Rent		
Landlord / Mortgage	e Co.				 Conta	nct			
Contact Phone	_		Ce	<u></u>		Email			
Bank Name/Branch			Contact			Phone			
Trade Reference#1			 Contact			— — Phone			
Trade Reference#2			 Contact	-		 Phone			
Trade Reference#3			 Contact	-		Phone			
I hereby represent that all	the above in	formation is true	and understand that r	making falso stat	coments might be con	sidered fraud. By providi	ing the above information, the	annlicant(c)	

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	Marc Nichols	Date	09/05/2019