MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: John
	- Saids Mep. Je

DBA Name		Taylor's Fresh	Organics	Legal N	lame	Robert N. Ta	ylor	
Type of Business	iness Organics crop production		production	Tax ID		218-02-8465		Sole Prop
Full Business Addre	SS.	2740 Wright Rd	Federalsburg, N	/ID 21632				
Full Billing Address								
Phone at Location	(443) 205-0617		7	Best Phor		Fax		
Business Email	rt@taylorsfreshor		norganics.com	W	ebsite	Taylorsfreshorganics.com		
Years In Business		8	Average Tick	et		Gross Annual	Sales <u>525,000</u>	0.00
Do you currently ha	ave cash	advance?	Yes W	ith who? Rapid	Capital		Balance 780	000
Current Credit Card	d Process	sor			Average	Processing Vol	ume	
Last Month Vol.		#of Ti	ckets	2nd	Month Vol.	_	#of Tickets	
3rd Month Vol.		#of Ti	ckets	4th	Month Vol.		#of Tickets	
Owner #1 Name	Robert 1	Гaylor		Title	Owner			
Date of Birth	10/19/19	977		SSN	218-02-84	65		
Full Home Address	2740 Wright Rd Federalsburg, MD 21632							
Home Phone	(443) 20	05-0617 Cel	l Phone		Email —	rt@tay	lorsfreshorganics.co	m
Own/Rent	\$ <u>0 Ow</u>	yn Ye	ars There 1	Drivers	Lience # T-	460-745-636-80	7 State Ma	ryland
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				33.1				
Home Phone		Cel	I Phone		Email			
Own/Rent	\$		ars There	Drivers	— Lience #		State	
	· 							
Business Home Bas	sed?	Yes Location	on: Lease/Own	Owned	_Lease Tern	n	Monthly Ren	t
Landlord / Mortgage	e Co.	Home Point Finac	ial		Conta	ct		
Contact Phone	-		Cell			Email		
Bank Name/Branch	Provid	ent State Bank	Contact	Jackie Wilson		Phone	(410) 310-5664	
Trade Reference#1	Hoobe	rs	Contact	Jamie Joseph		Phone	(302) 542-1349	
Trade Reference#2	Pinnac	le	Contact	Bob		 Phone	(302) 519-9234	
Trade Reference#3	Mack		Contact	Mike Mack		Phone	(443) 786-0812	
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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 sownet/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	Robert Taylor	Date	07/18/2018
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