

DBA Name		Legends	Performi	ng Arts	[Legal Name		Legends Perfo	orming Arts	Associat	ion
Type of Business		Nonprof	fit, Perforn	ning Arts		Tax ID		20-5616426			Corp
Full Business Addre	ss <u>!</u>	5819 Mt	Vernon Av	ve, Portage,	MI 49024						
Full Billing Address											
Phone at Location		(269) 3	50-4237			Best Phone	(269)	720-8231	Fax	(815)	572-9453
Business Email		ibe@leg	jendspaa.	org		Website	е	www.legends	paa.org		
Years In Business	-	9		Average Tic	ket _			Gross Annual	Sales 70	0,000.0	0
Do you currently have cash advance? Yes				Yes V	With who? Yellowstone, 1st Global, Crest View, Ace Funding Bala			Balano	ce 80K,	40K, 20K, 14K	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Ticke	ets		2nd Montl	n Vol.		#of Tic	kets	
3rd Month Vol.			#of Ticke	ets		4th Month	ı Vol.		#of Tic	kets	
Owner #1 Name	Ibrahim So	odawalla			Titl	le CEC)				
Date of Birth	12-29-197	8			SS	N 366	5-98-651	12			
Full Home Address	5819 Mt V	ernon Ave	3		•						
Home Phone	(269) 220-	-0423	Cell Ph	none	(269) 720	-8231 Em	ail	ibe.sod	awalla@gmai	l.com	
Own/Rent	\$ 0 Rent		Years	There 9		Drivers Lience	# <u>S3</u>	40327081993	State	Michi	gan
Owner #2 Name					Titl	le					
Date of Birth					SS.	N					
Full Home Address											
Home Phone			Cell Ph			Em					
Own/Rent	\$		_ Years	There		Drivers Lience	e #		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Lease	d Leas	se Term	n 1 month	Monthl	y Rent	1,250.00
Landlord / Mortgage	e Co. <u>J</u> ei	remy Wis	ssner				Contac	ct	Jeremy Wis	sner	
Contact Phone	(2	69) 998-	3742	Cel	l <u>(</u>	(269) 998-37	742	_ Email			
Bank Name/Branch				Contact				Phone			
Trade Reference#1	Remo			Contact				_ Phone	(800) 525-	5134	
Trade Reference#2	B&W Ch	arters		Contact				– Phone	(269) 352-	4222	
Trade Reference#3	Marshall	Music		Contact				– Phone –	(269) 321-	0415	

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	Ibrahim Sodawalla	Date	08/04/2016
Signature#1	Timiced Name	ibraillii Sodawalia	Date	00/01/2010