

DBA Name		NGP IIc			Le	egal Name	NGP		
Type of Business		agricult	ure		Ta	ax ID	26-2270454		LLC
Full Business Addre	SS	1810 560	0th st						
Full Billing Address									
Phone at Location		(712) 29	99-1242		E	Best Phone (712)) 299-1232	Fax	
Business Email						Website			
Years In Business		9		Average Tic	ket		Gross Annual Sa	les <u>2,500,000.0</u>	10
Do you currently h	ave cash a	advance?		No ۱	With who? _			Balance	
Current Credit Card	d Processo	or				Average	Processing Volum	e	
Last Month Vol.	-		#of Ticke	ts		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Tickets	
_									
Owner #1 Name	Jeff Sieve				Title				
Date of Birth	08/19/196				SSN	4858-223	36		
Full Home Address	1810 560								
Home Phone	(712) 299	-1242	Cell Ph	one		Email	jksievers9	1@gmail.com	
Own/Rent	\$ <u>0 Own</u>		Years -	There	D	rivers Lience #		State	
Owner #2 Name	michael c	lovers			Title	nroc			
	michael s	ievers			•	pres 485-82-14	10		
Date of Birth Full Home Address	1870 560	thet			SSN	403-02-14	10		
Home Phone	1070 300	11131	Cell Ph	one		Email			
Own/Rent	\$ Own		Years			rivers Lience #		State	
Own/Kent	⇒ OWII								
Business Home Bas	ed?	No	Location:	Lease/Own	Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co					Conta	ict		
Contact Phone	_			Cel	l _		Email		
Bank Name/Branch	wells fa	rgo		Contact	melissa		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 unde	erstand that m	aking false stat	tements might be con-	sidered fraud. By provid	ling the above information	on, the applicant(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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Jeff Sievers	Date	01/10/2018