

DBA Name	CROFT Enterprises				egal Name	-	CROFT Enterprises			
Type of Business		S. Corp	S. Corp			ax ID	26-4156193	26-4156193		
Full Business Addre	SS	465 N. F	Park Dr. (#4	4503)						
Full Billing Address										
Phone at Location (612) 2			220-7692			Best Phone (61	2) 220-7692	Fax _		
Business Email pau			ıl@croftenterprisesllc.com			Website	www.croftente	www.croftenterprisesllc.com		
Years In Business	<u>11</u> Ave			Average Ti	ge Ticket		Gross Annual S	Gross Annual Sales 2,500,000.00		
Do you currently ha	ave cash	n advance	?	No	With who? _			Balance		
Current Credit Card Processor						_ Averag	e Processing Volu	me		
Last Month Vol.			#of Ticke	ets		2nd Month Vol		#of Tickets		
3rd Month Vol.			#of Ticke	ets		4th Month Vol		#of Tickets		
Owner #1 Name	Paul Cro	oft			Title	Presiden	t			
Date of Birth	05/19/1981				SSN 473-96-13		1377			
Full Home Address	465 N.	Park Dr. (#4	1503)		-					
Home Phone	(612) 2	20-7692	Cell Ph	ione	(612) 220-7	692 Email	paul@c	roftenterprisesllc.	com	
Own/Rent	\$ <u>0 Re</u>	ent	Years	There 2	D	rivers Lience #	F936075909318	State M	IN	
. "					- '''					
Owner #2 Name					Title -					
Date of Birth Full Home Address					SSN -					
Home Phone			Cell Ph	ione		Email				
Own/Rent			Years			rivers Lience #		State		
OWII/Refit	\$					invers Lience #				
Business Home Bas	ed?	No	_Location:	Lease/Own	Leased	Lease Te	rm <u>1.5 years</u>	Monthly Re	nt <u>1,000.00</u>	
Landlord / Mortgage	e Co.	Hines				Con	tact	Becky		
Contact Phone				Ce	II _		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	information is	s true and und	erstand that m	naking false sta	tements might be co	onsidered fraud. By pro	viding the above infe	ormation, 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 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 Nan	ne Paul Croft	Date	09/10/2019
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