

Tax ID   Subsess Address   FEED LOT   Subset	DBA Name	TK FEEDYARDS				Lega	ıl Name	TK FEEDYARDS		
Full Business Address   Full Business Address   C605) 359-1799   Fax   C605) 729-2802			FEED LOT				<del></del>			Sole Prop
Phone at Location			26197 US	5 HWY 81,	CANISTOTA,	SD 57012				_
No   No   No   No   No   No   No   No	Full Billing Address									
Years In Business         17         Average Ticket         Gross Annual Sales         1,500,000.00           Do you currently have cash advance?         No         With who?         Balance           Current Credit Card Processor         Average Processing Volume           Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           Owner #1 Name         TOM PAPENDICK         Title         Owner           Date of Birth         03-12-1973         SSN         503-86-3155           Full Home Address         26197 US HWY 81, CANISTOTA, SD 57012         Finall         ITKFEEDYARDS@GMAIL.COM           Own/Rent         \$ 0 own         Years There         17         Drivers Lience # 00410668         State         SD           Owner #2 Name         Title         SSN         SSN         SSN         State         SD           Owner #2 Name         Title         SSN         Finall         Monthly Rent         SSN           Full Home Address         Home Phone         Cell Phone         Email         State         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly R				(605) 359-1799			Best Phone (605) 359-1799 Fax (605) 729-2802			(605) 729-2802
Do you currently have cash advance?   No   With who?   Average Processing Volume	Business Email			YARDS@G	GMAIL.COM		Website			
Average   Processing   Volume   Formation   Formatio	Years In Business				Average Tick	age Ticket		Gross Annual Sales 1,500,000.00		500,000.00
Last Month Vol.	Do you currently ha	ave cash	advance?		No W	ith who?			Baland	ce
Owner #1 Name         TOM PAPENDICK         Title         OWNER           Date of Birth         03-12-1973         SSN         503-86-3155           Full Home Address         26197 US HWY 81, CANISTOTA, SD 57012         Title         TITLE           Home Phone         (605) 359-4799         Cell Phone         (605) 359-4799         Email         TKFEEDYARDS@GMAIL.COM           Own/Rent         \$ 0 Own         Years There         17         Drivers Lience # 0041068         State         SD           Owner #2 Name         Title         SSN         SSN         SSN         State         SD           Own/Rent         S 0 Own         Years There         Drivers Lience # 041068         State         SD           Business Home Based?         Years There         Drivers Lience # State         State         State           Business Home Based?         No Location: Lease/Own Drivers Lience # Drivers Lience # State         Monthly Rent         Monthly Rent           Landlord / Mortgage Co. CHASE         Contact         800-848-9136         Book 800-848-9136           Contact Phone         Cell Email         Email         Book 800-848-9136         Book 800-848-9136           Contact Phone         Cell Email         Email         Book 800-848-9136         Book 800-848-9136	Current Credit Card	l Proces	sor				Average P	rocessing Vo	lume	
Owner #1 Name         TOM PAPENDICK         Title         OWNER           Date of Birth         03-12-1973         SSN         503-86-3155           Full Home Address         26197 US HWY 81, CANISTOTA, SD 57012         Tomath of the property of the p	Last Month Vol.			#of Ticke	ets	2r	nd Month Vol.		#of Tic	kets
Date of Birth   O3-12-1973   SSN   SO3-86-3155	3rd Month Vol.			#of Ticke	ets	4t	th Month Vol.		#of Tic	kets
Date of Birth         03-12-1973         SSN         503-86-3155           Full Home Address         26197 US HWY 81, CANISTOTA, SD 57012         Full Home Address           Home Phone         (605) 359-4799         Cell Phone         (605) 359-4799         Email         TKFEEDYARDS@GMAIL.COM           Own/Rent         \$ 0 Own         Years There         17         Drivers Lience # 00410668         State         SD           Own/Rent         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience # State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage         Co.         CHASE         Contact         800-848-9136           Contact Phone         Cell         Email         Email           Bank Name/Branch         RELIABANK         Contact         DAVID PAINTER         Phone         (605) 523-2654           Trade Reference#1         WINGEN'S GARAGE         Contact         DAVID PAINTER         Phone         (605) 363-5353										
Full Home Address   Calipa										
Home Phone										
Own/Rent         \$ 0 Own         Years There         17         Drivers Lience # 00410668         State         SD           Owner #2 Name         Title           Date of Birth         SSN           Full Home Address         Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         CHASE         Contact         800-848-9136           Contact Phone         Cell         Email           Bank Name/Branch         RELIABANK         Contact         DAVID PAINTER         Phone         (605) 528-4000           Trade Reference#1         WINGEN'S GARAGE         Contact         Phone         (605) 523-2654           Trade Reference#2         MONTROSE VET CLINIC         Contact         Phone         (605) 363-5353	Full Home Address	26197 US HWY 81, CANISTOTA, SD 57012								
Owner #2 Name         Title           Date of Birth         SSN           Full Home Address         Fund Home Address           Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage         Co.         CHASE         Contact         800-848-9136           Contact Phone         Cell         Email           Bank Name/Branch         RELIABANK         Contact         DAVID PAINTER         Phone         (605) 528-4000           Trade Reference#1         WINGEN'S GARAGE         Contact         Phone         (605) 523-2654           Trade Reference#2         MONTROSE VET CLINIC         Contact         Phone         (605) 363-5353	Home Phone	(605) 35	(605) 359-4799 Cell Phone (605) 359-4799 Email TKFEEDYARDS@GMAIL.COM						AIL.COM	
Date of Birth Full Home Address         SSN           Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No Location: Lease/Own         Owned Lease Term         Monthly Rent           Landlord / Mortgage Co.         CHASE         Contact         800-848-9136           Contact Phone         Cell         Email           Bank Name/Branch RELIABANK         Contact         DAVID PAINTER         Phone (605) 528-4000           Trade Reference#1 WINGEN'S GARAGE         Contact         Phone (605) 523-2654           Trade Reference#2 MONTROSE VET CLINIC         Contact         Phone (605) 363-5353	Own/Rent	\$ <u>0 Ow</u>	\$ <u>0 Own</u> Years There <u>17</u> Dri			Drive	ers Lience # 004	410668	State	SD
Date of Birth Full Home Address         SSN           Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No Location: Lease/Own         Owned Lease Term         Monthly Rent           Landlord / Mortgage Co.         CHASE         Contact         800-848-9136           Contact Phone         Cell         Email           Bank Name/Branch RELIABANK         Contact         DAVID PAINTER         Phone (605) 528-4000           Trade Reference#1 WINGEN'S GARAGE         Contact         Phone (605) 523-2654           Trade Reference#2 MONTROSE VET CLINIC         Contact         Phone (605) 363-5353										
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Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience # State           Business Home Based?         No Location: Lease/Own Owned Lease Term         Monthly Rent           Landlord / Mortgage Co. CHASE         COntact         800-848-9136           Contact Phone         Cell         Email           Bank Name/Branch         RELIABANK         Contact         DAVID PAINTER         Phone (605) 528-4000           Trade Reference#1         WINGEN'S GARAGE         Contact         Phone (605) 523-2654           Trade Reference#2         MONTROSE VET CLINIC         Contact         Phone (605) 363-5353	Date of Birth					SSN				
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Contact Phone  Cell  Email  Bank Name/Branch RELIABANK Contact DAVID PAINTER Phone (605) 528-4000  Trade Reference#1 WINGEN'S GARAGE Contact Phone (605) 523-2654  Trade Reference#2 MONTROSE VET CLINIC Contact Phone (605) 363-5353	Business Home Bas	ed?	No	Location:	Lease/Own	Owned	Lease Term		Monthly	y Rent
Bank Name/Branch RELIABANK Contact DAVID PAINTER Phone (605) 528-4000 Trade Reference#1 WINGEN'S GARAGE Contact Phone (605) 523-2654 Trade Reference#2 MONTROSE VET CLINIC Contact Phone (605) 363-5353	Landlord / Mortgage	e Co.	CHASE				Contac	t	800-848-91	36
Trade Reference#1 WINGEN'S GARAGE Contact Phone (605) 523-2654  Trade Reference#2 MONTROSE VET CLINIC Contact Phone (605) 363-5353	Contact Phone	-			Cell			_ Emai	I	
Trade Reference#2 MONTROSE VET CLINIC Contact Phone (605) 363-5353	Bank Name/Branch	RELIA	BANK		Contact	DAVID PAIN	NTER	Phone	(605) 528-	4000
<del></del>	Trade Reference#1	WINGEN'S GARAGE		Contact			Phone	(605) 523-2654		
Trade Reference#3 CHS Contact ANGIE HORSEMEN Phone (605) 996-7004	Trade Reference#2	MONTROSE VET CLINIC C		Contact			Phone	(605) 363-5353		
	Trade Reference#3	CHS			Contact	ANGIE HOP	RSEMEN	- Phone -	(605) 996-	7004

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	TOM PAPENDICK	Date	01/31/2017
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