

DBA Name		Dragons of He	aven Tattoo	Lega	al Name	Dragons of Heave	n Tattoo, Inc.	
Type of Business		S-Corporation		Tax ID		464986255		Corp
Full Business Addre	ess	16108 Ash Way	, Suite 109, Lynı	nwood, WA,	98087			
Full Billing Address								
Phone at Location		(425) 743-4188		Best Phone (425)		420-8915 I	-ax	
Business Email					Website	www.dragonsofhea	aventatto.com	
Years In Business		3	Average Tick	cet		Gross Annual Sales	175,000.00	
Do you currently h	ave cash	advance?	No W	ith who?			Balance	
Current Credit Car	d Processo	or			Average I	Processing Volume		
Last Month Vol.		#of T	ickets	2	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets	4	th Month Vol.		#of Tickets	
Owner #1 Name	Erik Aldal	ha		Title	Owner/Fou	nder		
Date of Birth		03311982		SSN	095-68-165			
Full Home Address	3923 217	th Street, SE, Botl	nell, WA, 98021		-			
Home Phone	(425) 420)-8915 Ce	II Phone		Email	brandonheat	:18@gmail.com	
Own/Rent	\$ 0 Owr	1 Ye	ears There	Driv	ers Lience #	State		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	II Phone		Email			
Own/Rent	\$	Y6	ears There	Driv	ers Lience #	St	ate	
Business Home Bas	sed?	No Locati	on: Lease/Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgag	e Co				Contac			
Contact Phone			Cell			_ 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 in	formation is true and	l understand that ma	king false stater	ments might be cons	idered fraud. By providing	the above information, t	he 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 Name	Erik Aldaba	Date	03/29/2017