	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	Sound Source Productions, Inc		ductions, Inc	Legal Name		Sound Source Productions, Inc.					
Type of Business		Audio / Visual		Ta	Tax ID		202935898		Corp		
Full Business Addre	SS	244 Lime	Quarry R	oad							
Full Billing Address											
Phone at Location		(256) 513-4739			Best Phone (256) 656-7455 Fax						
Business Email		info@s2	pinc.com			Website	<u>\</u>	www.s2pinc.d	om		
Years In Business		13		Average Tick	cet		_ G	Gross Annual	Sales	2,000,000.	00
Do you currently ha	eve cash	advance?		No W	ith who? _				Bal	ance	
Current Credit Card	l Processo	or				Ave	rage Pr	ocessing Volu	ıme		
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	Matthew	Schuster			Title	Pres	ident				
Date of Birth	04-20-19	86			SSN	029-	66-5099				
Full Home Address	7 McMull	en Lane				-					
Home Phone	(256) 656	6-7455	Cell Ph	ione	(256) 656-7	455 Ema	il	matt@s	s2pinc.con	n	
Own/Rent	\$ <u>0 Owr</u>	ı	Years	There 3	D	rivers Lience	# 7031	1662	State	AL	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address			C - II DI-			F					
Home Phone			Cell Ph	_		Ema					
Own/Rent	\$		Years '	There	D	rivers Lience	#		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Owned	Lease	e Term		Mon	thly Rent	
Landlord / Mortgage	e Co. <u>M</u>	1A Propert	ies, LLC			(Contact		Matthew	Schuster	
Contact Phone	<u>(</u> :	256) 656- ⁻	7455	Cell	(2	56) 656-74!	55	Email	<u>m</u>	natt@s2pinc	.com
Bank Name/Branch	Servisfi	rst Bank		Contact				Phone	(256) 72	22-7800	
Trade Reference#1	Gary M	usick Prod	luctions	Contact	Jonathar	Yeaworth	-	Phone	(615) 53	33-8624	
Trade Reference#2	Media \	/isions		Contact	Sami Se	rrang		Phone	(205) 4	78-0312	
Trade Reference#3	Elemen	t Holdings	5	Contact	Hayley S	Smith		Phone	(256) 68	83-6518	

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	Matthew Schuster	Date	06/22/2018
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