DBA Name	080075671			gal Name	Touch Plate Ink, LLC		
Type of Business	Commercia	Tax ID		47-5585896		LLC	
Full Business Addre	ss <u>1180 Quail (</u>	Ct Concord, CA 945	18				
Full Billing Address							
Phone at Location	(888) 950-	7227	В	est Phone (510)	506-8294	Fax	(925) 332-7229
Business Email	mike@touc	chplateink.com		Website	touchplateinl	c.com	
Years In Business	11	Average Tick	cet		Gross Annual	Sales <u>2</u>	,000,000.00
Do you currently ha	ave cash advance?	No W	ith who? _			Balan	ce
Current Credit Card	l Processor			Average I	Processing Vol	ume	
Last Month Vol.	#	of Tickets		2nd Month Vol.	-	#of Ti	ckets
3rd Month Vol.	#0	of Tickets		4th Month Vol.		#of Ti	ckets
Owner #1 Name	Mike Gianni		Title	Founder			
Date of Birth	11-10-1969		SSN	569-75-174	4 7		
Full Home Address	1180 Quail Ct Concord,	CA 94518					
Home Phone	(510) 506-8294	Cell Phone	(510) 506-82	294 Email	mike@	touchplatein	k.com
Own/Rent	\$ <u>0 Own</u>	Years There 6	Dr	rivers Lience # C6	556909	State	CA
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	Dr	rivers Lience #		State	
Business Home Bas	ed? No Lo	cation: Lease/Own	Leased	Lease Term	n	Month	ly Rent
Landlord / Mortgage	e Co			Contac	ct		
Contact Phone	-	Cell	_		_ Email		
Bank Name/Branch	Wells Fargo	Contact	Concord		Phone	(925) 671	-1502
Trade Reference#1	Label Technology	Contact	Roger Vo	orce	_ Phone	(209) 384	-1000
Trade Reference#2	All American Label	Contact	Karla Sa	nchez	 Phone	(925) 803	-8572
Trade Reference#3	Hyde Printing	Contact	Patrick H	lyde	– Phone	(925) 686	-4933
hereby represent that all	the above information is true	e and understand that ma	king false stat	ements might be cons	idered fraud. By pr	oviding the abo	ove information, 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 Name	Mike Gianni	Date	08/26/2016