

DBA Name		homestead c	onstruction	Le	egal Name	homestead	construction	
Type of Business		construction		Tax ID		46 09090976		Sole Prop
Full Business Addre	SS	27 SHAVER HI	LL RD					
Full Billing Address								
Phone at Location (845) 704-7		(845) 704-71	72	E	Best Phone (845	704-7172	Fax	
Business Email		bomurray1@	gmail.com		Website		www.homesteadconstruction13731	
Years In Business		20	Average Tid	ket		Gross Annual Sales 320,000.00		
Do you currently ha	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card Processor					Processing Vo			
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		_ #of Tickets	
Owner #1 Name	robert mu			Title -				
Date of Birth	12/28/194			SSN	101-36-31	.57		
Full Home Address		SHAVER HILL RD						
Home Phone	(845) 704	-7172 C	ell Phone	(607) 434-3	8877 Email	bomu	rray1@gmail.com	
Own/Rent	\$ <u>0 Own</u>		rears There 25	D	rivers Lience # $\frac{1}{2}$	94434705	State <u>NY</u>	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				-				
Home Phone		C	ell Phone		Email			
Own/Rent	\$		ears There	D	rivers Lience #		State	
Business Home Bas	ed?	Yes Loca	tion: Lease/Own	Owned	Lease Teri	m	Monthly Rent	
Landlord / Mortgage					Conta	-	,	
Contact Phone	_		Ce			Emai		
Contact Friorie	_							
Bank Name/Branch	commur	nity bank na	Contact	tina		Phone	(607) 746-2162	
Trade Reference#1	curtis lu	mber	Contact	mark		Phone	(607) 746-2386	
Trade Reference#2	wadler b	oros.	Contact	jason		Phone	(845) 254-5500	
Trade Reference#3	delhi pa	int	Contact	harold		 Phone	(607) 746-2298	
I hereby represent that all	the above inf	formation is true a	nd understand that m	aking false sta	tements might be con	sidered fraud. By n	roviding the above informa	ation 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	robert murray	Date	10/21/2017