

DBA Name		Ballpark	Sports Bas	eball,Inc.	L	egal N	ame	Ballp	ark Sport	s Basebal	l,Inc.	
Type of Business		Sports			T	ax ID		76-0	37282			Corp
Full Business Addre	SS	350 W. Dr	rummond [r. Bourbo	nnais,IL. 60	914						
Full Billing Address												
Phone at Location		(815) 69	0-2032		i	Best Pl	none <u>(815)</u>) 690-2	032	Fax	(815)	573-5523
Business Email		herb@te	amexposui	re.com		We	ebsite	www	.teamexp	osure.cor	n	
Years In Business		10	A	verage Tic	ket			Gross	Annual S	ales <u></u>	600,000.0)
Do you currently ha	ave cash a	advance?	Ye	es V	Vith who? <u>I</u>	Mercha	ant Capital			Bala	nce <u>\$70,0</u>	00.00
Current Credit Card Processor Average Processing Volume												
Last Month Vol.			#of Ticket	s		2nd N	Month Vol.			#of T	ickets	
3rd Month Vol.			#of Ticket	s		4th N	onth Vol.			#of T	ickets	
Owner #1 Name	Herb Fork	enbrock			Title	<u>.</u>	President					
Date of Birth	05-20-19				SSN		345-60-78	 197				
Full Home Address	350 W. D	rummond D	r. Bourbonn	ais,IL. 6091			-					
Home Phone	(815) 690)-2032	Cell Pho	ne	(815) 690-2	2032	Email		herb@te	eamexposu	ire.com	
Own/Rent	\$ 0 Own	1	Years Tl	here 11	D	rivers I	_ Lience # _ F 6	625-326	6-2144	State	Illinois	
Owner #2 Name					Title	2						
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Pho	ne			Email —					
Own/Rent	\$		Years Tl	here		rivers I	Lience # _			_State		
Business Home Bas	ed?	Yes [_ocation: L	ease/Own	Owned		Lease Terr	m _		Month	nly Rent	
Landlord / Mortgage	e Co						Conta	act	_			
Contact Phone	_			Cel	l <u> </u>				Email			
Bank Name/Branch				Contact				Р	hone			
Trade Reference#1				Contact				— Р	hone			
Trade Reference#2				Contact				<u> </u>	hone			
Trade Reference#3				Contact				 P	hone			
I hereby represent that all	the above in	formation is t	ruo and under	estand that m	aking falso sta	tomonto	might he con	cidorod f	and By pro	viding the ab	ovo informat	ion 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 I	lame Herb Forkenbro	ock Date	08/09/2016
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