	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	N	one		L	egal Name	Arizona Ar	chery Club LLC	
Type of Business	Aı	rchery Retail, I	ndoor Archer	y Range	Tax ID	27-45399	79	LLC
Full Business Address	11	15 W. Deer Val	lley Rd.					
Full Billing Address								
Phone at Location	(6	523) 266-4647			Best Phone (602	2) 909-9855	Fax	(602) 337-8476
Business Email	ke	kenny@azarcheryclub.com			Website	www.azarcheryclub.com		
Years In Business	5		Average Tic	ket _		Gross Annu	ıal Sales <u>1,20</u>	00,000.00
Do you currently have	e cash adv	ance?	No \	With who?			Balance	
Current Credit Card Pr	rocessor				Average	Processing \	/olume	
Last Month Vol.		#of Ticl	kets		2nd Month Vol.		#of Ticke	ets
3rd Month Vol.		#of Tick	kets		4th Month Vol.		#of Ticke	ets
								1
	enneth Cucl	hiara		Title -				
	5-18-1955			SSN	N 522-72-1	730		
Full Home Address 15	5035 N. 9th	Street						
Home Phone (60	502) 971-56	665 Cell F	Phone	(602) 909-	-9855 Email	ken	ny@azarcheryclub	.com
Own/Rent \$	\$ 0 Rent	Year	s There 5		Drivers Lience # _	312908403	State	Arizona
Owner #2 Name				Title -	e			
Date of Birth				SSI -	N			
Full Home Address								
Home Phone		Cell F	Phone		Email			
Own/Rent \$	\$ Own	Year	rs There	!	Drivers Lience #		State	
Business Home Based?	? No	Location:	Lease/Own	Leased	Lease Term		Monthly Ren	t
Landlord / Mortgage Co	o. <u>VJS</u>	Enterprises			Con	tact	Cathy	
Contact Phone	(623)	581-8105	Cell	(60	)2) 377-4727	Email	cscafaro@	arizonapartition.com
Bank Name/Branch Ch	hase		Contact	Magen Fr	rith	Phone	(480) 970-7260	
Trade Reference#1 Ma	athews Bo	ow Company	Contact	Brenda		Phone	(608) 269-2728	
Trade Reference#2 Ho	oyt Bow C	ompany	Contact	Bruce Mid	chael Ext, 4236	Phone	(801) 363-2990	
Trade Reference#3 PS	SE Bow Co	mpany	Contact	Lonnie		Phone	(951) 265-8824	

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 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 Nam	e Kenneth Cuchiara	Date	05/08/2017
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