

DBA Name		Takoda Farms L	LC	Leg	al Name	Takoda Farms	LLC		
Type of Business		Sport Horse Rehabilitation		Ta>	(ID	900384193		_	LLC
Full Business Addre	SS	51 Byrds Hill RD	Wingdale NY :	12594					
Full Billing Address									
Phone at Location		(914) 260-6125		Best Phone (914) 260-6) 260-6125	Fax		
Business Email		Kwmacphail@gmail.com		Website					
Years In Business		8	Average Tic	ket		Gross Annual S	ales <u>70</u>	0,000.00	
Do you currently ha	ave cash a	advance?	Yes V	With who? <u>Ye</u>	llowstone and	Pearl	Balanc	e <u>20,000</u> , 1300	0
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tic	kets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tic	kets	
Owner #1 Name	Kate Mac			Title	Owner				
Date of Birth	07/12/198			SSN	090-70-35	500			
Full Home Address	51 Byrds								
Home Phone	(914) 260	0-6125 Cell	Phone	(914) 260-613	25 Email	kwmacp	hail@gmail.c	om	
Own/Rent	\$ <u>0 Ren</u>	t Yea	rs There 2	Dri	vers Lience # 2	42161482	_State	New York	
				- :					
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address Home Phone		Call	Phone		Email				
Own/Rent	\$	Yea	rs There	Dri	vers Lience # _		_State		
Business Home Bas	ed?	Yes Location	n: Lease/Own	Owned	Lease Ter	m	Monthly	Rent	
Landlord / Mortgage	e Co				Conta	act _			
Contact Phone	_		Cel	I		Email			
Bank Name/Branch	Chase		Contact			Phone			
Trade Reference#1			— Contact			Phone			
Trade Reference#2			— Contact			— Phone			
Trade Reference#3			Contact			Phone			
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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	Kate MacPhail	Date	11/30/2017