MoneyWorks >	Direct	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl
The state of the s		Sales Rep. Call

DBA Name		Honey B Designs		L	egal Name	Honey B Designs			
Type of Business		silk scree	ning	т	ax ID	10/1122489			Sole Prop
Full Business Addre	SS	2284 fletch	ner parkway						
Full Billing Address									
Phone at Location		(619) 469	-2083		Best Phone (619)	469-2083	Fax	(619) 466	5-2966
Business Email		info@hone	eybdesigns.com		Website	honeybdesigr	ns.com		
Years In Business		44	Average Tic	ket _		Gross Annual S	Sales	150,000.00	
Do you currently ha	ave cash	advance?	No V	Vith who?			Bala	ance	
Current Credit Card	l Processo	or			Average	Processing Volu	ıme		
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of	Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of ⁻	Tickets	
Owner #1 Name	paul loch	er		Title	e owner				
Date of Birth	12/18/57			SSN	551-11-93	34			
Full Home Address	886 hacie	enda dr							
Home Phone	(619) 469	9-2083	Cell Phone	(619) 252-	3301 Email	info@ho	oneybdesi	gns.com	
Own/Rent	\$ <u>0 Owr</u>	1	Years There 32		Orivers Lience # _n	4529712	State	ca	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address				331					
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There		Drivers Lience #		State		
Business Home Bas	ed?	No Lo	ocation: Lease/Own	Leased	d Lease Terr	n	Mont	thly Rent	
Landlord / Mortgage	 e Co.	ethron			 Conta	ict		_	
Contact Phone	_		Cel	I _		Email	_		
Bank Name/Branch	us bank	(Contact			Phone			
Trade Reference#1	san ma	r	Contact			— Phone			
Trade Reference#2			Contact			— Phone			
Trade Reference#3			Contact			Phone			
hereby represent that all t	the above in	formation is tru		aking false sta	atements might be con		oviding the a	bove 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	paul locher	Date	01/10/2018