MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Michael Holl		Legal	Name	Michael Holl		
Type of Business		TAX PREPARATION		Tax IE				Sole Prop
Full Business Addre	SS	55 South Kukui St						
Full Billing Address								
Phone at Location		(808) 375-6984		Best	Phone (808) 3	375-6984	Fax (866)	923-5858
Business Email		michael@eahaw	aii.com		Website			
Years In Business		11 Average Ticket		et	Gross Annual Sales 215)
Do you currently ha	ave cash	advance?					Balance	
Current Credit Card						rocessing Vo		
Last Month Vol.		#of Tick	ets	 2nd	d Month Vol.	J	#of Tickets	
3rd Month Vol.		#of Tick		//th	n Month Vol.	-	- #of Tickets	
Sid Month Vol.		#01 HCK			I Month voi.	-		
Owner #1 Name	Michael H	Holl		Title	0wner			
Date of Birth	10/09/19	43		SSN	575-44-666	6		
Full Home Address	55 South	Kukui Street Apt. D1	08					
Home Phone	(808) 375	5-6984 Cell P	hone ((808) 375-6984	Email	micha	el@eahawaii.com	
Own/Rent	\$ <u>0</u> Owr	wn Years There 21		Driver	Drivers Lience # H00242443 State			
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell P	hone _		Email			
Own/Rent	\$	Years	There	Driver	s Lience #		State	
Business Home Bas	ed?	No Location	: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage		Dana Matlin			— Contac	t	8083987155	
Contact Phone	_		Cell			Emai	1	
Contact Frioric	_		_				·	
Bank Name/Branch	Bank of	f Hawaii / Makiki	Contact			Phone	(808) 643-3888	
Trade Reference#1	Aloha P	acific FCU	Contact	Paul Arakaw	ra e	Phone	(808) 539-0134	
Trade Reference#2	Allstate		Contact	Brook Kane		Phone	(808) 781-6601	
Trade Reference#3	Nat Soc	Tax Proffesionals	- Contact -			Phone	(800) 558-3402	
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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	Michael Holl	Date	12/13/2019
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