

DBA Name		marc henry	handyman	L	egal Name	marc henry a	pparel llc		
Type of Business		construction		T	ax ID	45-2510783	45-2510783		
Full Business Addre	SS	1459 n orang	e pl ontario ca	91764					
Full Billing Address									
Phone at Location		(626) 216-1982			Best Phone (626) 216-1982		Fax		
Business Email marchenryh		nandymansvc@gmail.com Website							
Years In Business	<u>7</u> Avera		Average	ge Ticket		Gross Annual	Gross Annual Sales <u>156,000.00</u>		
Do you currently ha	ave cash a	advance?	No	With who?			Balance		
Current Credit Card Processor					Averag	ge Processing Volu	ume		
Last Month Vol.		#ot	f Tickets		2nd Month Vo	l	#of Tickets		
3rd Month Vol.		#ot	f Tickets _		4th Month Vo	l	#of Tickets		
Owner #1 Name	marco lur	na		Title	ceo				
Date of Birth	11-21-1978			SSN 605-40-924		9247			
Full Home Address	1459 n or	range pl							
Home Phone	(626) 216	5-1982	Cell Phone	(626) 216-3	1982 Email	marche	enryhandymansvc@gr	nail.com	
Own/Rent	\$ <u>0 Own</u>	1	Years There	10	Orivers Lience #	b7251197	Stateca		
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There		Drivers Lience #		State		
Ownyrienc	Ψ		Tears mere		TIVETS EICHEC II				
Business Home Bas	ed?	No Loca	ation: Lease/O	wn <u>Leased</u>	Lease Te	erm <u>monthly</u>	Monthly Rent	1,500.00	
Landlord / Mortgage	e Co				Cor	ntact			
Contact Phone				Cell _		Email			
Bank Name/Branch	wells fa	rgo	Conta	ct		Phone			
Trade Reference#1			 Conta	ct		Phone			
Trade Reference#2			 Conta	ct		Phone			
Trade Reference#3			 Conta	ct		Phone			
I horoby represent that all	the above in	formation is true		t maling false ste	stamanta miaht ha a	encidered fraud. Decar	aviding the above informe	ation 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 N	lame marco luna	a Date	06/13/2018
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