

DDA Nama		Figutoch		l a c	nal Nama	Figure ch. LLC		
DBA Name		Figytech			gal Name	Figytech LLC		
Type of Business		<u>IT</u>		lax	x ID	46-2071957		Corp
Full Business Addre	!SS	1109 route 47 so	uth					
Full Billing Address								
Phone at Location		6098490495		Best Phone 6098490495 Fax		Fax		
Business Email	usiness Email .		nikola@figytech.com		Website			
Years In Business		4	Average Tick	ket		Gross Annual Sa	les <u>300,000.00</u>	
Do you currently h	ave cash a	advance?	No W	/ith who?			Balance	
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ticl	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	Nikola Fili	<u>'</u>		Title	Owner			
Date of Birth	09-18-1985			SSN				
Full Home Address								
Home Phone	(609) 770	0-1030 Cell I	Phone -	(609) 770-10)30 Email	nikola@fi	gytech.com	
Own/Rent	\$ <u>0 Rent</u>	Year Year	rs There 3	Dri	ivers Lience # F4	13345920009845	State NJ	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address		0.11.1	n.		- "			
Home Phone			Phone -		Email			
Own/Rent	\$	Year	rs There	Dri	ivers Lience #		State	
Business Home Bas	sed?	No Location	n: Lease/Own	Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ct _		
Contact Phone	_		Cell			Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			— Contact			Phone		
Trade Reference#2			— Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true and u	nderstand that ma	king falso state	monts might be con	idered fraud. By provid	ling the above information t	ho 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	Nikola Filipovic	Date	12/28/2016
Signature#1	rinited Name	Nikola i ilipovic	Date	12/20/2010