Money Wo	orks 🔪 Direc	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Steve

DBA Name		Cloverland Tatto	o Company	Legal	Name	No gim mics	llc	
Type of Business	ness Cloverland Tattoo		o Company	Tax ID	1	Cloverland Tattoo Company		Corp
Full Business Addre	ess	2108 Wildwood A	venue					
Full Billing Address								
Phone at Location		(517) 962-2364		Best Phone (517) 962-2364	Fax	
Business Email		cloverlandtattoo	co@gmail.con	<u>1</u>	Website	cloverlandta	ttoo.com	
Years In Business		8	Average Tick	cet		Gross Annual	Sales <u>297,000</u> .	00
Do you currently ha	ave cash a	advance?	Yes W	ith who? onde	ck-square		Balance <u>20,6</u>	05/24,187
Current Credit Card	d Processo	r			Average	Processing Vol	ume	
Last Month Vol.		#of Ticl	kets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#of Ticl	kets	4tl	n Month Vol.		#of Tickets	
Owner #1 Name	Matt Wetn	nore		Title	owner			
Date of Birth	12-19-198	31		SSN	371-90-55	527		
Full Home Address	2440 Clarl	k St						
Home Phone	(517) 962	-2364 Cell F	Phone	(517) 392-8344	Email	clover	landtattooco@gmail.co	om
Own/Rent	\$ <u>0 Own</u>	Year	s There 6	Drive	rs Lience # w	356589760962	State Mich	igan
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				3311				
Home Phone		Cell F	Phone		Email			
Own/Rent	\$ Own	Year	s There	Drive	rs Lience #		State	
Business Home Bas	ed?	No Location	ı: Lease/Own	Owned	Lease Terr	m	Monthly Rent	
		Location	i. Lease/OWII	Owned			Monthly Kent	
Landlord / Mortgage	e Co				Conta	act		
Contact Phone	_		_ Cell			Emai		
Bank Name/Branch	cp feder	ral credit union	Contact	(517) 784-7	101	Phone	(517) 784-7101	
Trade Reference#1			Contact			Phone		
Trade Reference#2			– Contact			— Phone		
Trade Reference#3			– Contact			— Phone		
I hereby represent that all	the above inf	formation is true and u	nderstand that ma	king false stateme	nts might be con	sidered fraud. By n	roviding the above inform	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 Name	Matt Wetmore	Date	12/05/2017