

DRA Namo		Absolute (Granhiy		17	aal Namo		Powmat LLC			
DBA Name		Absolute Graphix Screen Print / Embroidery					_	42-1743972			Corn
Type of Business Full Business Addre					''	dX ID	-	12-1743972			Corp
	55	345 Coney	isialiu Di.	Site b							
Full Billing Address		/77E\ 0E1	0111			Doct Dhono			Fax		
		-	775) 851-0111 counting@absolutegraphixro			Best Phone eno.com Website		www.absolutegraphixink.com			
Business Email				Average Ticket							0
Years In Business		12		_			•			230,000.0	
Do you currently ha	ave cash	n advance?	No) W	ith who? _				- Ba	llance	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.		#	of Tickets			2nd Month V	ol		#0	f Tickets	
3rd Month Vol.		#	of Tickets			4th Month Vo	ol.		#o	f Tickets	
									•		
Owner #1 Name	Steve M	1atson			Title	Owner					
Date of Birth	03061990				SSN 488-72-036						
Full Home Address	965 E Huffaker Lane										
Home Phone	(775) 8	51-0111	Cell Phon	e <u>(</u>	775) 722-5	900 Email		accoun	ting@abs	solutegraphixi	eno.com
Own/Rent	\$ <u>0 Re</u>	ent	Years Th	ere <u>10</u>	D	rivers Lience #	0801	314993	State	Nevac	la
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phon	e _		Email					
Own/Rent	\$		Years Th	ere	D	rivers Lience #			State		
Business Home Bas	ed?	No Lo	ocation: Le	ase/Own	Leased	Lease 1	Term		Moi	nthly Rent	6,450.00
				·	Leasea			-		iciny itene	0,130.00
Landlord / Mortgage	e Co.	Alliance Com	imerciai Ri	EMS		Co	ntact		Marcus		
Contact Phone		(775) 336-46	<u> </u>	Cell	_			Email	<u> </u>	kgeiger@nai	alliance.com
Bank Name/Branch	Bank	of America		Contact	none			Phone	(775) 6	88-8311	
Trade Reference#1	#1 SanMar			Contact	Tina			Phone	(800) 4	26-6399	
Trade Reference#2	Beaco	n Funding		Contact	Cynthia	Frias		Phone	(847) 8	397-1773	
Trade Reference#3	Integr	ity 1		Contact	Brett Ed	munds		Phone	(775) 3	339-0552	

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	Steve Matson	Date	09/11/2019
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