MoneyWorks >	Sales Rep: Julian

DBA Name		Erik Alder	LLC	L	egal Name	Erik Ald	er LLC			
Type of Business		Construction		т	Tax ID		46-2686331			
Full Business Addre	ess	675 Londo	n Groveport Rd							
Full Billing Address										
Phone at Location		(614) 285	-6501		Best Phone (6	14) 563-650	1 Fax			
Business Email		erik@prop	pertyfix.org		Website	www.pr	opertyfix.org			
Years In Business		17	Average	Ticket _		Gross Ar	nnual Sales	1,000,000.00		
Do you currently ha	ave cash	advance?	No	With who?			Ва	lance		
Current Credit Card	d Processo	or			Avera	Average Processing Volume				
Last Month Vol.			of Tickets		2nd Month Vo	ol	#o	f Tickets		
3rd Month Vol.		#	of Tickets _		4th Month Vo	ol	#o	f Tickets		
Owner #1 Name	Erik Alder	r		Title	e Owner					
Date of Birth	03-01-19	83		SSN	364-92	-9600				
Full Home Address	675 Lond	lon Groveport	. Rd	_						
Home Phone	(614) 563	3-6501	Cell Phone		Email		erik@propertyfix	k.org		
Own/Rent	\$ <u>0 Own</u>	1	Years There	6	Drivers Lience #	TZ949361	State	ОНЮ		
Owner #2 Name				Title	e					
Date of Birth				SSN	N					
Full Home Address										
Home Phone			Cell Phone		Email	_		_		
Own/Rent	\$		Years There	[Drivers Lience #		State			
Business Home Base	:d? <u>Y</u>	es Loca	tion: Lease/Own	Owned	Lease Term		Monthly Re	nt		
Landlord / Mortgage	Co.	Clarion Prop	erties Inc		_ c	ontact	614-620	6-9589		
Contact Phone	(61	4) 626-9589	Cell			Email	manager	ment@clarionproperties.com		
Bank Name/Branch			Contact			Phone				
Trade Reference#1			Contact			Phone _				
Trade Reference#2			Contact			Phone _				
Trade Reference#3			Contact			Phone _				
authorize you to whom this will provide financial state authorize Money Works Disauthorize you to update my (individually and collective acquire commercial loans application therefor (collective)	is application ements, tax i irect, Inc. to iy/our credit erly, "you") a s having dail ctively, "Tran	n is made or youreturns, etc. as receive pertine profile from time authorize Mone by repayment the control to observe to observe the control of the control	our agents to investiga s you deem necessary et information regardi ne to time in the future y Works Direct and ea features or purchases otain consumer or pers	ate my/our financy. A photocopy of ing the commercie, as you deem a ach of its represes of future receivenal, business as	cial responsibility ar f this authorization ial lease for the abo ppropriate. By signi entatives, successor vables including M nd investigative rep	nd credit worthin will be deemed ove referenced language below, each of a sasigns and derchant Cash Actoris and other in	ness, specifically pass acceptable for ocation from my lof the aboe listed esignees ("Recipid vance transcation formation about	e above information, the applicant(s) principal and corporate entities, and release of credit information. I/We easing company and or agent. I/we business and business ownet/officer ents") that may be involved with or on, including without limitation the you, including credit card processor redit 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	Erik Alder	Date	02/18/2020
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