

DBA Name		the mas	ters coach	ltd	Le	gal Name		the masters of	coach Itd			
Type of Business		paratransit			Tax ID			141700010			Corp	
Full Business Addre	SS	1471 rt 2	208									
Full Billing Address												
Phone at Location	(845) 895-8201			Best Phone (845)			742-0715	Fax	(845	895-8137		
Business Email		masters@hvc.rr.com			Website			themasterscoachltd.com				
Years In Business		35		Average Tic	erage Ticket			Gross Annual	Sales	2,000,00	0.00	
Do you currently ha	ave cash	n advance?	Υ	es \	With who? b	us financial			Ba	lance <u>4000</u>	00	
Current Credit Card	sor				Ave	erage F	Processing Volu	ume				
Last Month Vol.			#of Ticke	ts		2nd Month	Vol.		#of	Tickets		
3rd Month Vol.		#of Tickets			4th Month Vol.			#of Tickets				
Owner #1 Name	david ba	arnhart			Title	pres	ident					
Date of Birth	02/17/1	944			SSN	 098-	34-254	1				
Full Home Address	 1471 rt	208 wallkill	ny 12589		-							
Home Phone	(845) 89	95-8027	Cell Pho	one	(845) 742-07	715 Ema	il	nbarn1	471@aol.	com		
Own/Rent	\$ <u>0 Ov</u>	vn	 Years T	There 31	Dr	ivers Lience	# <u>95</u>	2308718	State	ny		
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Pho	one		Ema	il					
Own/Rent	\$		Years 7	Γhere	Dr	ivers Lience	# _		State			
Business Home Bas	ed?	Yes	Location:	Lease/Own	Owned	Lease	e Term	1	Mor	thly Rent		
Landlord / Mortgage	e Co.	walden sav	vings bank			(	Contac	ct				
Contact Phone		(845) 457-	7700	Cel	II			_ 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 t	the chave	information is	terro and rinds		aking falsa stat	ananta miaht	ha sansi	dored froud Dune	avidina tha	ahaya infarm	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	david barnhart	Date	03/22/2017