

DBA Name	TREAT STREET		Legal Name	SNACK AMERICA LLC	
Type of Business	SNACK FOODS		Tax ID	46-3957387	LLC
Full Business Address	3410 W FOREST HOME AVE				
Full Billing Address					
Phone at Location	(414) 305-1098		Best Phone	(414) 305-1098	Fax
Business Email	johnisnuts2@gmail.com		Website	treatstreetpopcorn.com	
Years In Business	4	Average Ticket		Gross Annual Sales	250,000.00
Do you currently have cash advance?	Yes	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

<b>Owner #1 Name</b>	JOHN OTRADOVEC		Title	MEMBER	
Date of Birth	03-12-1954		SSN	389-62-4098	
Full Home Address	1124 N HOLLY HILL DR. WILDWOOD FL 34785				
Home Phone	(414) 305-1098	Cell Phone	(414) 305-1098	Email	johnisnuts2@yahoo.com
Own/Rent	\$ 0 Own	Years There		Drivers Lience #	0363-462-54-443-0 State FL
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	MEDC		Contact	ALANNAH MCREAVEY	
Contact Phone	(414) 269-1469	Cell		Email	alannah.mcreavey@medconline.com

Bank Name/Branch	CHASE	Contact		Phone	
Trade Reference#1	THE PORKIE COMPANY	Contact	TOM	Phone	(414) 483-6562
Trade Reference#2	DANNEMILLER	Contact		Phone	(440) 825-7808
Trade Reference#3	NYHOLMS	Contact	BOB	Phone	(262) 886-9543

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	JOHN OTRADOVEC	Date	12/22/2017
-------------	--------------	----------------	------	------------