

DBA Name		Ages past Bed a	and Breakfast	Le	gal Name	Ages past be	ed and breakfast	
Type of Business		Lodging		Ta	x ID	41-		Corp
Full Business Addre	ess	1223 front stree	t					
Full Billing Address								
Phone at Location		(608) 654-5850		В	Best Phone (608)		Fax	
Business Email		Agespastbnb@g	gmail.com		Website	Agespastbnl	o.com	
Years In Business		4	Average Tick	et		Gross Annua	Sales <u>70,000.00</u>	
Do you currently h	ave cash a	advance?	No W	ith who? _			Balance	
Current Credit Card Processor		or			Average F	Processing Vo	lume	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	Deborah :	Smith		Title	Owner			
Date of Birth		1/17/1962		SSN	4649			
Full Home Address	1223 fron	223 front street cashton wi 54619						
Home Phone	(608) 799	9-6952 Cell	Phone _		Email	debba	rland@hotmail.com	
Own/Rent	\$ <u>0 Own</u>	Yea	rs There 4	Dr	ivers Lience #		State <u>Wi</u>	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone _		Email			
Own/Rent	\$	Yea	rs There	Dr	ivers Lience #		State	
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgag	e Co				Contac	ct		
Contact Phone	_		Cell			_ Emai	I	
Bank Name/Branch	Firat na	tional bank	Contact	Milaca		Phone	(320) 983-3101	
Trade Reference#1	Kristine	Steffens	 Contact	763-497-	3587	Phone		
Trade Reference#2	Carl sch	nmitz	— Contact	Pam		- Phone	(985) 807-4252	
Trade Reference#3			— Contact			- Phone		
I hereby represent that all	the above in	formation is true and i	inderstand that mal	king false state	ements might he consi	idered fraud. By n	roviding the above information.	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	Deborah Smith	Date	02/20/2017