Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.
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DBA Name		Montana	Fly Com	oany	L	egal Name	Montana Fly	Company	
Type of Business		Outdoor Industry Manufacturing and Distribution				Гах ID	841477487		LLC
Full Business Addres	SS	530 1st A	e West						
Full Billing Address									
Phone at Location		(406) 89	2-9112			Best Phone (406	5) 322-3444	Fax	(206) 374-2267
Business Email		adam@r	nontanafl	y.com		Website	www.montar	nanafly.co	m
Years In Business		20		Average Tic	ket _		Gross Annual	Sales	4,300,000.00
Do you currently ha	ve cash	advance?		No \	With who?			Bal	ance
Current Credit Card	Processo	or				Average	e Processing Vol	ume	
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		_ #of	Tickets
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		_ #of	Tickets
Owner #1 Name	Adam Tri	na			Title	e President	:		
Date of Birth	08-06-19	73			SSN	300-60-6	094		
Full Home Address	218 7th 9	Street West			•				
Home Phone	(406) 322	2-3444	Cell Ph	ione	(406) 261-0	0662 Email	adam(	@montanaf	ly.com
Own/Rent	\$ <u>0 Owr</u>	1	 Years	There 5		Drivers Lience #	0604619734108	State	<u>Montana</u>
					<b>-</b> '				
Owner #2 Name					Title				
Date of Birth Full Home Address					SSN				
Home Phone			Cell Ph	ione		Email			
Own/Rent	 \$ Own		— Years			Drivers Lience #		State	
			-	_		-			
Business Home Base	ed?	No	Location:	Lease/Own	Leased	Lease Ter	rm	Mon	thly Rent
Landlord / Mortgage	e Co					Cont	act		
Contact Phone	_			Cel	_		Emai	_	
Bank Name/Branch	Rocky N	lountain E	Bank	Contact	Chance	Barrett	Phone	(406) 75	51-5070
Trade Reference#1				Contact			 Phone		
Trade Reference#2				Contact			— Phone		
Trade Reference#3				Contact			Phone		
									above information, the applicant(s) incipal and corporate entities, and

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	Adam Trina	Date	01/14/2019
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