

DBA Name		HMF Distributing			Legal Name		HMF Distributing			
Type of Business		Wholesale			Ta	Tax ID		46-1535521		Corp
Full Business Addre	ss <u>4</u>	4500 Nor	th Hiatus Road S	unrise, I	FL 33351					
Full Billing Address										
Phone at Location (954) 643-6109						Best	Phone		Fax	x
Business Email						Website				
Years In Business	-	5	Averag	e Ticket	<u> </u>			Gross Annual S	ales	3,600,000.00
Do you currently ha	ave cash ad	vance?	Yes	With	who?				Bala	nce <u>15,462;169,666;19758</u>
Current Credit Card	l Processor						Average	Processing Volu	ne	
Last Month Vol.			#of Tickets			2nd	Month Vol.		#0	of Tickets
3rd Month Vol.			#of Tickets			4th	Month Vol.		#0	of Tickets
Owner #1 Name	Howard Fra	ank			Title		Owner			
Date of Birth	125-19-196	63			SSN		111-11-111	.1		
Full Home Address	476 Balsan	n Court M	arco Island, FL 341	45						
Home Phone	(954) 483-	0810	Cell Phone				Email	dwalshh	cind@g	mail.com
Own/Rent	\$ <u>0 Own</u>		Years There		Dr	ivers	Lience #		_State	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address Home Phone			Cell Phone				Email			
Own/Rent	\$		Years There		Drivers Lience #		State			
Own/Rent	Ψ		- Tears There			IVEIS				<u> </u>
Business Home Bas	sed?	No	Location: Lease/	Own	Leased		_Lease Term	n	Mo	onthly Rent
Landlord / Mortgage	e Co						Contac	ct _		
Contact Phone	_			Cell				_ Email	-	
Bank Name/Branch			Cont	tact				Phone		
Trade Reference#1			Conf	tact				Phone		
Trade Reference#2			Cont	tact				Phone		
Trade Reference#3			Cont	tact _				Phone		
authorize you to whom thi will provide financial state authorize Money Works Di authorize you to update m	s application i ements, tax re rect, Inc. to re y/our credit pr	s made or turns, etc. eceive perti	your agents to invest as you deem necessa net information regal ime to time in the fut	igate my/eary. A phording the ure, as yo	our financia stocopy of t commercial u deem app	Il resp his au I lease proprie	onsibility and cro thorization will be for the above ro te. By signing be	edit worthiness, spe be deemed as accep eferenced location f elow, each of the ab	cifically stable for rom my be listed	e above information, the applicant(s principal and corporate entities, and r release of credit information. I/We leasing company and or agent. I/We business and business ownet/office ients") that may be involved with o

authorize you to whom this application is made or your agents to investigate myour mancial responsibility and credit worthness, 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	Howard Frank	Date	01/17/2018
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