

DBA Name		peterson's sanitation			Legal Name		peterson sanitation		
Type of Business		waste and recycling			Tax ID		47-2822165		Sole Prop
Full Business Addre	ess	1262 oak lane	!		_"				
Full Billing Address									
Phone at Location		(610) 346-8335			Best Phone (484)		387-2839	Fax	
Business Email		petersonsanit	il.com	Website		www.petersonsanitation.net			
Years In Business		35	Average	e Ticket			Gross Annual S	ales <u>165,000.00</u>	
Do you currently h	ave cash	advance?	Yes	With who	? knight	funding		Balance 10000	
Current Credit Car	d Processo	or				Average I	Processing Volur	me	
Last Month Vol.		#of	Tickets		2nd	Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th	Month Vol.		#of Tickets	
Owner #1 Name	calvin pe				itle	owner	. 4		
Date of Birth	0806194				SN	177-34-165	04		
Full Home Address Home Phone	1262 oak (610) 346		ell Phone	(484) 38	7 2020	Fmail	notorcon	sanitation@gmail.com	
						Email —	-		
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	ears There	60	_ Drivers	Lience # 11	3833730	_Statepa	
Owner #2 Name				Ti	itle				
Date of Birth				S	SN				
Full Home Address									
Home Phone		С	ell Phone			Email			
Own/Rent	\$	Y	ears There		Drivers	Lience #		State	
Business Home Bas	sed?	Yes Local	tion: Lease/0	Own Own	ed	Lease Term	1	Monthly Rent	
 Landlord / Mortgag	e Co. <u> </u>	hase bank			_	– Contac	ct		
Contact Phone	_			Cell			Email		
Bank Name/Branch			Cont	act			Phone		
Trade Reference#1			 Cont	act			Phone		
Trade Reference#2			 Cont	act			- Phone		
Trade Reference#3			 Cont				– – Phone		
I hereby represent that all	the above in	formation is true ar	nd understand th	nat making false	statement	s might be cons	idered fraud. By prov	riding the above informatio	n, 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	calvin peterson	Date	01/23/2017