

DBA Name	Ca	lifornia titans		Le	egal Name	Titan Hockey	Ventures, LLC	
Type of Business	sp	orts and recrea	tion fitness	T	ax ID	45-5110277		LLC
Full Business Addre	ess <u>543</u>	Country Club I	Or. STE B506					
Full Billing Address								
Phone at Location	(8	18) 378-2004			Best Phone (818) 378-2004	Fax	
Business Email	yorkison@sbcglobal.net			Website		WWW.Titanhockey.com		
Years In Business	11		Average Tick	et		Gross Annual	Sales <u>250,000.0</u>	00
Do you currently ha	ave cash adva	nce?	No W	ith who? _			Balance	
Current Credit Card	d Processor				Average	Processing Volu	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	scott yorkison			Title	owner			
Date of Birth	07241967			SSN	207-52-61	.51		
Full Home Address	2653 Capella	Way, Thousand C	————— Jaks, ca. 91362	!				
Home Phone	(818) 378-200	4 Cell Ph	none ((818) 378-2	004 Email	yorkiso	n@sbcglobal.net	
Own/Rent	\$ 0 Rent	Years	There 8183	3782004 D	rivers Lience # _a-	4542144	State CA	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address Home Phone		Cell Pr	2000		Email			
Own/Rent		Years	_		rivers Lience #		State	
OWII/Refit	\$				Tivers Lience #			
Business Home Bas	sed? No	Location:	Lease/Own	Leased	Lease Terr	m <u>10 years</u>	Monthly Rent	1,000.00
Landlord / Mortgage	e Co. <u>iceop</u>	lex simi valley			Conta	act	scott slinger	
Contact Phone	(805)	338-5170	Cell	(8	305) 338-5170	Email	scott@iceop	olex.com
Bank Name/Branch	wells fargo		Contact	n/a		Phone		
Trade Reference#1	iceoplex		Contact	scott sli	nger	 Phone	(805) 338-5170	
Trade Reference#2			Contact			— Phone		
Trade Reference#3			Contact			Phone		
		tion is two and une	laratand that wal	dan falsa sta	tomonts might be sen	sidered fraud. By pre	oviding the above informa	tion 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	scott yorkison	Date	08/28/2017