

DBA Name		Green Cross Co-C	ın. II C	Legal I	Name	Green Cross	C-OP. LLC	
Type of Business		Management/ Consulting		Tax ID		46-5280917		LLC
Full Business Address		68415 Perez Rd						_
Full Billing Address	33	00 113 1 0102 110						
		(760) 272-1954		Best F	Phone (760)	272-1954	Fax	(866) 902-0435
		jeff@nesteggg.co			<del></del>		under construction	
Years In Business			Average Tick			Gross Annual Sales 1,000,000.00		00,000,000
Do you currently ha	ave cash	<u> </u>	_					e
Current Credit Card Processor					_	rocessing voi	_	
Last Month Vol.	nth Vol. #of Ticke		ets	2nd Month Vol.		#of Tickets		kets
3rd Month Vol.		#of Tick	ets	4th	Month Vol.		#of Ticl	kets
Owner #1 Name		effrey Wolter		Title	Managing M			
Date of Birth	0402196			SSN 247-39-2046			_	
Full Home Address	2233 1st							
Home Phone	(760) 27	2-1954 Cell Pl	none (	(760) 272-1954 Email jeff@nesteggg.om				
Own/Rent	\$ <u>0 Ren</u>	ent Years There 2.5 Drivers Lience # W			OLTERJ332JB	State	WA	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone	Cell Phon		none	ne Email				
Own/Rent	\$	Years	There	Drivers	Lience #		State	
Business Home Bas	ed?	No Location:	Lease/Own	Leased	Lease Term	1	Monthly	r Rent
Landlord / Mortgage		Gordon, Rick			— Contac	- <del></del>	 (760) 328-8	
	_	·	6.11	(760) (				023
Contact Phone		(760) 328-8829	Cell	(760) 3	328-8829	_ Email		
Bank Name/Branch	Bank O	of Amercia	Contact			Phone		
Trade Reference#1	The Ne	The Nesteggg Group, inc. Contact		RobertJ wolter		Phone	(760) 322-4	1622
Trade Reference#2	e#2 EgggsAct Tax Inc.		Contact	Robert J Wolter		Phone	(760) 322-4	1622
Trade Reference#3			Contact			- Phone		

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 Pri	rinted Name	Robert J effrey Wolter	Date	02/09/2017
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