

DBA Name		Nature's Nook		Leg	gal Name	Farmhouse N	lursery & Orchard	
Type of Business		Nursery/Hemp		Tax	x ID	47-3199845		LLC
Full Business Addre	SS	8700 S 116th S	treet					
Full Billing Address								
Phone at Location	Location (414) 550-6931			Best Phone (414) 550-6931 Fax				
Business Email	sroeske@wi.rr.com		.com	Website		www.hempcentralwi.com		
Years In Business		5 years	Average Tic	ket		Gross Annual	Sales <u>10,000.00</u>	
Do you currently ha	ave cash a	advance?	No V	Vith who?			Balance	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Stephen F	Roeske		Title	Sole memb	per		
Date of Birth	09/09/196			SSN	395-90-293	17		
Full Home Address	6810 W Kathleen Court 6							
Home Phone	(414) 550	-6931 Ce	II Phone	(414) 550-69	31 Email	sroesk	re@wi.rr.com	
Own/Rent	\$ 0 Rent	Ye	ars There 2	Dri	vers Lience # R2	200-7806-7329-0	09 State WI	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone -		Email			
Own/Rent	\$	Ye	ars There	Dri	vers Lience #		State	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co.				Conta	ct	Clayton Glowinska	
Contact Phone	_		Cell	(41	.4) 218-8666	_ Emai		
Bank Name/Branch	Landma	rk Credit Union	Contact	Dave Pec	si	Phone	(262) 796-4500	
Trade Reference#1	Jasperso	on Sod	Contact	Hilda		_ Phone	(262) 835-2826	
Trade Reference#2	Baumar	ın & Associates	 Contact	Bradford		– Phone	(262) 783-9828	
Trade Reference#3	Nature's	Way Landscap	e Contact	Darryl		– Phone	(414) 235-1828	

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	Stephen Roeske	Date	02/25/2020
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