

DBA Name	Invisible Fence of the Tri-States		Legal Name	Doggie Business, LLC	
Type of Business	Pet Services		Tax ID	141992656	Corp
Full Business Address	319 N Star Rd				
Full Billing Address					
Phone at Location	(608) 399-1266		Best Phone	(608) 399-1266	Fax (608) 399-1266
Business Email	packleader@doggiebusinessllc.com		Website	www.doggiebusinessllc.com	
Years In Business	10	Average Ticket		Gross Annual Sales	325,000.00
Do you currently have cash advance?	Yes	With who?	CAN Capital		Balance 32000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Karla Toppen		Title	Founder/President	
Date of Birth	12-09-1971		SSN	390-82-5401	
Full Home Address	N18670 Toppen Lane				
Home Phone	(608) 582-3125	Cell Phone	(608) 498-5250	Email	packleader@doggiebusinessllc.com
Own/Rent	\$ 0 Own	Years There	12	Drivers Lience #	T1505167194902 State Wisconsin
Owner #2 Name	Peter Toppen		Title	Vice President	
Date of Birth			SSN	390-82-7177	
Full Home Address	N18670 Toppen Lane				
Home Phone	(608) 582-3125	Cell Phone	(608) 385-8366	Email	petertoppen@me.com
Own/Rent	\$ Own	Years There	12	Drivers Lience #	State Wisconsin

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Dan Howe		Contact		
Contact Phone	(608) 780-1525	Cell	(608) 780-1525	Email	dan@fmbtrailersales.com

Bank Name/Branch	Altra Federal Credit Unio	Contact	Walt	Phone	(608) 787-4500
Trade Reference#1	Radio Systems, INC	Contact	Melissa Tribble	Phone	
Trade Reference#2	Midwest Family Radio	Contact	Therese Barrett	Phone	(608) 796-2571
Trade Reference#3	Kooler Promotions, LLC	Contact	Bob Schmidt	Phone	(608) 785-0555

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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

Karla Toppen

Date

11/15/2016