

DBA Name		Locksmith Heroes Inc			Legal Name		Locksmith Heroes Inc		
Type of Business		Locksmith Services		- Tax ID		472850212		Corp	
Full Business Addre	ess	3601 N Ma	rket St		•				
Full Billing Address									
Phone at Location		(318) 780-7955			Best Phone (318)		780-7955	Fax	(318) 588-7850
Business Email		sportie@locksmithheroes.com			Website		locksmithheroes.com		
Years In Business		19 Average Ticket					Gross Annual Sales 350,000.00		
Do you currently h	ave cash	advance?	No	With who?				Bal	ance
Current Credit Card	or				Average	Processing	Volume		
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets		Tickets
3rd Month Vol.		#	of Tickets		4th M	onth Vol.		#of	Tickets
Owner #1 Name	Steve Po	rtie		Tit	le	President			
Date of Birth	01-18-19	71		 SS	SN	435-27-32	36		
Full Home Address	3601 N M	larket St							
Home Phone	(318) 780	0-7955	Cell Phone	(318) 780	-7955	Email	sp	ortie@portiepro	o.com
Own/Rent	\$ <u>0 Owr</u>	1	Years There	3187807955	Drivers L	- ience # _ <u>5</u> -	427742	State	Louisiana
Owner #2 Name				Tit		-			
Date of Birth				SS	δN				
Full Home Address Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Drivers L	-		State	
OWII/KEIIL	э		rears mere		- Dilveis L				<u> </u>
Business Home Bas	sed?	Yes Lo	ocation: Lease/	Own <u>Lease</u>	ed	Lease Terr	m	Mon	thly Rent
Landlord / Mortgag	e Co					Conta	nct		
Contact Phone	_			Cell			Er	nail	
Bank Name/Branch			Cont	tact			Phone	<u> </u>	
Trade Reference#1			Cont	act			— Phone	2	
Trade Reference#2			Cont	act			 Phone		
Trade Reference#3			Cont	tact			Phone		
I horoby roprocent that all	the shove in	formation is tru	e and understand t	hat making falso s	tatements	might he con	cidored fraud. I	By providing the a	above information, 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	Steve Portie	Date	12/05/2016