

DBA Name		Pike Pov	vder Coat	ing	Le	egal Name	Pike Powder C	oating		
Type of Business		Service			T	ax ID	47-2739887			LLC
Full Business Addre	SS	318 Linco	oln Street							
Full Billing Address										
Phone at Location		(617) 779-7311				Best Phone (617	7) 779-7311	Fax		
Business Email		pikepowdercoating@icloud.co			com	Website	pikepowdercoating.com			
Years In Business		2		Average Ti	icket		Gross Annual S	iales	120,000.00	
Do you currently ha	ave cash	advance?		No	With who? _			Bal	ance	
Current Credit Card Processor					Average Processing Volume					
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of	Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of	Tickets	
O #1 No	7	Disk sods			T'ul -	0				
Owner #1 Name	Zachary				Title –		245			
Date of Birth	05-31-19				SSN -	034-74-80	J45 			
Full Home Address	3 Torring		C-II DI			Free II	miles many			
Home Phone	(617) 779-7311		Cell Phone			Email	pikepowdercoating@icloud.com		ng@icioua.com	
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	- Years	There _	D	rivers Lience # _		State		_
Owner #2 Name					Title					
Date of Birth					– SSN					
Full Home Address					_					
Home Phone			Cell Ph	none		Email				
Own/Rent	\$ Own		 Years	There _	D	rivers Lience #		State		
Business Home Bas	ed?	No	Location:	Lease/Owi	n Leased	Lease Ter	m	Mon	thly Rent	
Landlord / Mortgage				·		 Conta	 act		, <u> </u>	
Contact Phone	_			Ce			- Email			
Contact Friorie	_									
Bank Name/Branch				Contact	· ·		Phone			
Trade Reference#1				Contact	:		Phone			
Trade Reference#2				Contact	•		Phone			
Trade Reference#3				Contact			Phone			
I hereby represent that all	the above in	nformation is	true and und	derstand that i	making false sta	tements might be con	sidered fraud. By pro	viding the	above information th	ne 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	Zachary Richards	Date	02/02/2017
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