MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl

DBA Name		FriendsO	ffice		L	egal Naı	me	Friends Servi	ce Co., Inc.	
Type of Business	Wholesale		Tax ID		341690683		Corp			
Full Business Addre	ss	2300 Brig	ht Road							
Full Billing Address										
Phone at Location		(419) 427-1704			Best Phone (419)) 427-1704	Fax	(419) 425-9432	
Business Email		ken@frie	ndsoffice	.com		Website		www.friendsoffice.com		
Years In Business		27		Average Ticl	ket _			Gross Annual	Sales <u>3</u>	1,000,000.00
Do you currently ha	ave cash a	idvance?		No V	Vith who? _				_ Balan	
Current Credit Card	d Processo	r				_	Average	Processing Vol	ume	
Last Month Vol.			#of Ticke	ts		2nd M	onth Vol.		#of Ti	ckets
3rd Month Vol.			#of Ticke	ts		4th Mo	onth Vol.		#of Ti	ckets
Owner #1 Name	Ken Schro	eder			Title	2	CEO			
Date of Birth	04211961				SSN	l .	288-62-66	660		
Full Home Address	585 Deer	Valley Lane	5							
Home Phone	(419) 427	-1704	Cell Ph	one	(419) 306-3	3833	Email	ken@f	riendsoffice.c	om
Own/Rent	\$ <u>0</u> Own		Years	There 20		Drivers Li	ence # R	Q808356	State	Ohio
Owner #2 Name					Title	2				
Date of Birth					SSN	l .				
Full Home Address										
Home Phone			Cell Ph	-			Email			
Own/Rent	\$ Own		Years	There		Orivers Li	ence # _		State	
Business Home Bas	ed?	No L	_ocation:	Lease/Own	Owned	<u> </u>	_ease Terr	m	Month	ly Rent
Landlord / Mortgage	e Co						Conta	act		
Contact Phone				Cell	_			Email		
Bank Name/Branch	HUnting	ton Bank		Contact	Tina Sa	rgent		Phone	(419) 429	-4619
Trade Reference#1	SPR			Contact	Chris H	ughes		Phone	(800) 848	-0004
Trade Reference#2	Essenda	nt		Contact	Teresa			Phone	(800) 733	-4000
Trade Reference#3	Hon			Contact	BETH			Phone	(563) 272	-7100
I hereby represent that all	the above inf	ormation is to	rue and und	erstand that ma	aking false sta	atements r	might he con-	sidered fraud. By ni	oviding the abo	ove 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	Ken Schroeder	Date	01/11/2018
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