

DBA Name		Savage demand			Legal Name		Savage Syndications	
Type of Business		Advertising			Tax ID		205319753	
Full Business Addre	ss <u>1</u>	L63 East Main	street Lexingto	n, KY 40507	1			
Full Billing Address								
Phone at Location (859) 983			96		Best Phone (8	359) 983-9696	Fax	
Business Email jar		james@savag	edemand.com		Website		www.savagedemand.com	
Years In Business	<u>.</u>	12 Average			Ticket		Gross Annual Sales 100,000.00	
Do you currently ha	ave cash a	dvance?	No	With who? _			Balanc	e
Current Credit Card Processor				Average Processing Vo			Volume _	
Last Month Vol.		#of T	ickets		2nd Month V	ol	#of Tic	cets
3rd Month Vol.		#of T	ickets		4th Month Vo	ol	#of Tic	cets
Owner #1 Name	James Cau	200		Title	e Preside	ant		
Date of Birth	James Savage 07/09/1982			– SSN				
Full Home Address	07/09/1982 SSN 028-72-4912 9002 Mimosa Lane West Chester, OH 45069							
Home Phone	(859) 983-		ell Phone	(859) 983-9	9696 Email	iar	nes@savagedema	nd com
Own/Rent	\$ 0 Own		ears There 2		Privers Lience #	<u>-</u>	State	KY
	*		_					
Owner #2 Name				Title	!			
Date of Birth				- SSN				
Full Home Address				_				
Home Phone		Ce	ell Phone		Email			
Own/Rent	\$	Ye	ears There	D	rivers Lience #		State	
Business Home Bas	ed?`	Yes Locat	ion: Lease/Owi	n Owned	Lease 1	erm	Monthly	Rent
Landlord / Mortgage	e Co				Co	ntact		
Contact Phone			Ce	<u> </u>		Er	mail	
Bank Name/Branch	PNC Ban	k	Contact	Anyone	there	Phone	(859) 281-	5378
Trade Reference#1	_		 Contact			 Phone		
Trade Reference#2			 Contact			—— Phone		
Trade Reference#3			 Contact			Phone	2	
I hereby represent that all	the above info	ermation is true and	d understand that r	naking falso sta	tomonts might ha	considered fraud	By providing the above	o 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	James Savage	Date	02/02/2018
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