

DBA Name	AHR In	С	Le	gal Name	AH Remodelers II	nc		
Type of Business	Constr	uction	Ta	ax ID	46-2984147		Corp	
Full Business Addre	ss <u>2757 Rif</u>	le Range Rd, Mount P	leasant SC 2	9466				
Full Billing Address								
Phone at Location	(843) 2	00-1373	E	Best Phone (843)	200-1373	Fax		
Business Email	abc@a	ol.com		Website				
Years In Business	4	Average Ti	cket		Gross Annual Sale	<u>500,000.00</u>		
Do you currently ha	ave cash advance?	? No	With who? _			Balance		
Current Credit Card	l Processor			Average	Processing Volume			
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets		
3rd Month Vol.		#of Tickets		4th Month Vol.		#of Tickets		
O #1 No	Mishael Fraken		T'11 -	0				
Owner #1 Name	Michael Foster 06/04/1969		Title – SSN	Owner 250-41-17				
Date of Birth Full Home Address		d, Mount Pleasant SC 29	_	250-41-17	<i></i>			
Home Phone	(843) 200-1313	Cell Phone	7400	 Email	m.foster23			
Own/Rent	\$ 0 Own	Years There		rivers Lience #	-	State		
OWII/Rent	\$ O OWIT			Tivers Lience #				
Owner #2 Name			Title					
Date of Birth			- SSN					
Full Home Address			_					
Home Phone		Cell Phone		Email				
Own/Rent	\$	Years There	D	rivers Lience #	S	State		
Business Home Bas	ed? No	_Location: Lease/Owr	n <u>Leased</u>	Lease Terr	n	Monthly Rent		
Landlord / Mortgage	e Co			Conta	ct			
Contact Phone		Ce	ell		Email			
Bank Name/Branch		Contact			Phone			
Trade Reference#1		Contact			Phone			
Trade Reference#2		 Contact			Phone			
Trade Reference#3		Contact			Phone			
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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	Michael Foster	Date	06/28/2019