Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
---	-----

DBA Name		Roofmark Coi	nstruction		egal Name	Roofmark LLC		
Type of Business		Construction			ax ID	273048818		LLC
Full Business Addre	icc	2108 Hurd Dr				273010010		LLC
Full Billing Address	.33	2100 Hara Di						
Phone at Location		(844) 524-76	 63		Best Phone		Fax	
Business Email		matt@roofmark.com		·	Website	roofmark.com		
Years In Business		9	Average Tick	et .	Website	Gross Annual Sal	es 1,300,000.00	
Do you currently h	avo cash		_	ith who?			Balance	
			NO W	icii wiio: _				
Current Credit Card Processor						Processing Volum	e	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
								1
Owner #1 Name	Matthew			Title		_		
Date of Birth	0309198			SSN	Cai-53-946			
Full Home Address		shire Blvd					-	
Home Phone	(940) 78		ell Phone —		Email	matt@roof		
Own/Rent	\$ <u>0 Ren</u>	nt Y	ears There 2	D	rivers Lience # $\frac{17}{2}$	7636867	State TX	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				3311				
Home Phone		C	ell Phone		Email			
Own/Rent	\$		ears There	D	rivers Lience #		State	
					_			_
Business Home Bas	sed?	No Locat	tion: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>L</u>	as Colinas Tech	n LLC		Conta	ct <u>Ra</u>	ymond Parks	
Contact Phone	<u>(</u>	972) 781-8407	Cell			Email		
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 ir	nformation is true an	id understand that mal	king false stat	tements might be cons	idered fraud. By provid	ing the above information, the	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	Matthew Fruge	Date	10/01/2019