| Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.580 | Money Work: | ADMINISTRATIVE FORM PLEASE FAX TO:1.646. Sales Rep: Kyle | 417.5809 |
|--|--------------------|--|----------|
|--|--------------------|--|----------|

| DBA Name | HIRA | M STONE | | Legal | Name | COMPLETE RO | OFING LLC | | |
|--|---|--|------------------------|--|--------------------------------------|---------------------------|---|----------------|--|
| Type of Business | ROOFING | | | Tax ID | | 46-3473391 | | LLC | |
| Full Business Addre | ss <u>6721</u> ľ | MOUNTAIN LE | OGE DR. OW | ENS CROSS R | OADS AL 3570 | 63 | | | |
| Full Billing Address | | | | | | | | | |
| Phone at Location | (256) 361-5754 | | | Best Phone (256) 3 | | 361-5754 | Fax | (256) 532-3296 | |
| Business Email | cliff.s | cliff.stone@att.net | | | Website | | www.completeroofingllc.net | | |
| Years In Business | 7 | A | verage Tick | et | | Gross Annual S | Sales <u>1,60</u> | 00,000.00 | |
| Do you currently ha | ave cash advanc | e? N | lo Wi | ith who? | | | Balance | | |
| Current Credit Card Processor Average Processing Volume | | | | | | | | | |
| Last Month Vol. | | #of Ticket | s | 2nd | d Month Vol. | | #of Ticke | ets | |
| 3rd Month Vol. | | #of Ticket | .s | 4th | n Month Vol. | | #of Ticke | ets | |
| Owner #1 Name | HIRAM STONE | | | Title | OWNER | | | | |
| Date of Birth | 01/03/1954 | | | SSN | 424-78-757 | 72 | | | |
| Full Home Address | 6721 MOUNTAIN | LEDGE DR. OW | ENS CROSS R | OADS AL. 3576 | 3 | | | - | |
| Home Phone | (256) 361-5754 | Cell Pho | ne (| 256) 361-5754 | Email | cliff.stor | ne@att.net | _ | |
| | | | | | | | | | |
| Own/Rent | \$ <u>0 Own</u> | Years T | here 5 | Driver | rs Lience # <u>31</u> | 25816 | State | ALABAMA | |
| Own/Rent | \$ <u>0 Own</u> | Years T | here <u>5</u> | Driver | rs Lience # 31 | 25816 | State | ALABAMA | |
| Owner #2 Name | \$ <u>0 Own</u> | Years T | here 5 | Title | rs Lience # 31 | 25816 | _State | ALABAMA | |
| Owner #2 Name Date of Birth | \$ <u>0 Own</u> | Years T | here 5 | | rs Lience # 31 | 25816 | _State | ALABAMA | |
| Owner #2 Name Date of Birth Full Home Address | \$ <u>0 Own</u> | | | Title | | 25816 | State | ALABAMA | |
| Owner #2 Name Date of Birth Full Home Address Home Phone | | Cell Pho | ne | Title SSN | Email | 25816 | | ALABAMA | |
| Owner #2 Name Date of Birth Full Home Address | \$ <u>0 Own</u> | | ne | Title SSN | | 25816 | State | ALABAMA | |
| Owner #2 Name Date of Birth Full Home Address Home Phone | \$ | Cell Pho | ne | Title SSN | Email | | | | |
| Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent | \$sed? Yes | Cell Pho Years T | ne | Title SSN Driver | Email rs Lience # | n | State | Rent | |
| Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas | \$sed? Yes | Cell Pho Years T Location: L NS UNITED | ne | Title SSN Driver | Email s Lience # | n | State Monthly | Rent | |
| Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage | \$sed? Yes | Cell Pho Years T Location: L NS UNITED | ne here ease/Own | Title SSN Driver | Email s Lience # Lease Term | | State Monthly | RentN | |
| Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone | \$ Yes e Co. VETERA (800) 83 | Cell Pho Years T Location: L NS UNITED L4-1103 K | hereease/Own | Title SSN Driver Owned | Email s Lience # Lease Term Contac | nct | State Monthly NICK HOLMAI Nick.H | Rent | |
| Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch | \$ Yes e Co. VETERA (800) 83 REGIONS BAN ADVANCE BUI SUPPLY | Cell Pho Years T Location: L NS UNITED L4-1103 K | nehereease/Own Cell | Title SSN Driver Owned | Email TS Lience # Lease Term Contac | n ct Email Phone | State Monthly NICK HOLMAI Nick.H (256) 535-6 | Rent | |
| Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1 | \$ Yes e Co. VETERA (800) 8: REGIONS BAN ADVANCE BUI SUPPLY JGA BEACON | Cell Pho Years T Location: L NS UNITED L4-1103 K | ne | Title SSN Driver Owned TIM GREEN CHAD PARI | Email TS Lience # Lease Term Contact | nct Email Phone | State Monthly NICK HOLMAI Nick.H (256) 535-6 (334) 320-9 | Rent | |

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

| Signature#1 | Printed Name | HIRAM STONE | Date | 03/09/2017 |
|--------------|--------------|-------------|------|------------|
| - | | | | |