DBA Name		LASTER OUT EQUIPMENT	DOOR POWE	R	Legal I	Name	NACOGDOC OUTDOOR P		MENTS,INC DB IPMENT	A LASTER
Type of Business		OUTDOOR P	OWER EQUIP	MENT	_Tax ID)	75-2054169	9		Corp
Full Business Addre	ess	814 NW STAL	LINGS DR NA	COGDOCHES	S,TEXAS	75964				
Full Billing Address										
Phone at Location		(936) 560-2	410		Best	Phone <u>(936)</u>	560-2410	Fax	(936) 560)-2487
Business Email		randy.laster@suddenlink.net			_ \	Website	lawnpart.com			
Years In Business		39	Averag	e Ticket			Gross Annual Sales 485,527.00			
Do you currently h	ave cash	advance?	No	With who	?			Bala	ance	
Current Credit Card Processor Average Processing Volume										
Last Month Vol.		#of Tickets			2nd Month Vol.		#of Tickets			
3rd Month Vol.		#ot	Tickets		_ 4th	Month Vol.		#of ⁻	Tickets	
Owner #1 Name	JOHN LA	STER		Т	itle	PRESIDENT	T/OWNER			
Date of Birth	041519	48		 S	SSN	4588-0-89	9			
Full Home Address	1732 M	ARTINSVILLE ST.	#201							
Home Phone	(936) 55	52-1633	Cell Phone	(936) 55	2-1633	Email	rand	y.laster@sud	denlink.net	
Own/Rent	\$ 0 Re	nt	Years There	13	Driver:	 s Lience # <u>02</u>	2739528	State	TEXAS	
Owner #2 Name				T	itle					
Date of Birth	-				SSN					
Full Home Address										
Home Phone			Cell Phone			Email —				
Own/Rent	\$		Years There		Driver	s Lience #		State		
Business Home Bas	sed?	No Loca	ation: Lease/	Own Own	ed	Lease Tern	n	Mont	thly Rent	
Landlord / Mortgage	e Co.	BANCORPSOUT	Н		_	Conta	ct	GREG WI	LLIAMS	
Contact Phone		(936) 564-6193	<u>L</u>	Cell			_ Ema	ail		
Bank Name/Branch			Cont	act			Phone			
Trade Reference#1			Cont	act			 Phone			
Trade Reference#2			 Cont	act ——			– Phone			
Trade Reference#3			Cont	tact			– Phone			
I hereby represent that all	the above	information is true a	and understand t	hat making false	statemer	nts might be cons	sidered fraud. By	providing the a	bove 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	JOHN LASTER	Date	12/13/2018
=				