

DBA Name		global extreme	inc	Le	gal Name	global extrer	ne	
Type of Business		mfg		Tax ID		474578169		Corp
Full Business Addre	SS	21308 hilltop						<u> </u>
Full Billing Address								
Phone at Location		(734) 793-1062			Best Phone (734) 793-1062 Fax (734) 793		(734) 793-1068	
Business Email		robert@gxllc.co	m		Website	global extrer	ne inc	
Years In Business		10	Average Tick	ket		Gross Annual Sales 450,000		50,000.00
Do you currently ha	ave cash a	advance?	No W	ith who? _			Balan	ce
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tid	ckets
3rd Month Vol.		#of Tid	kets		4th Month Vol.		#of Tid	ckets
Owner #1 Name	robert ko			Title	Ce0			
Date of Birth	11 12 19	47 ekview w bloomfield		SSN	375-50-37	88		
Full Home Address				(212) 010 0:	104 Fmail	rahart	avlls som	
Home Phone	(734) 793		_	(313) 910-0:			@gxllc.com	mai .
Own/Rent	\$ <u>0 Ren</u>	rea	rs There 4	Dr	ivers Lience # <u>k</u>	400745303868	State	<u>mi</u>
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There	Dr	rivers Lience # _		State	
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Teri	m	Monthl	y Rent
Landlord / Mortgage	Co. b	ridge street asso	С		 Conta	act		
Contact Phone	(2	248) 642-2272	Cell			Email		
Bank Name/Branch	flagstar	-	Contact	tenisha		Phone	(248) 865	-2861
Trade Reference#1	Thunde	r Tech	 Contact	m kalino	wski	 Phone	(248) 844	-4875
Trade Reference#2	positive	e tool	Contact	rob		Phone	(313) 532-	-1674
Trade Reference#3	srk prop	0	Contact	blake		Phone	(515) 290-	-4570

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	robert kolo	Date	11/08/2016
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