

DBA Name	Single Spark Event	S	Legal Name	Single Spark Events				
Type of Business Event Production			Tax ID	46-4715780	Sole Prop			
Full Business Address 1525 Lakeville Dr. Suite 200 Kingwood TX 77339								
Full Billing Address								
Phone at Location	(281) 348-0828		Best Phone (832)) 708-9478 Fax	(877) 399-2174			
Business Email	inf@singlesparkeve	ents.com	Website	www.singlesparkevents.com				
Years In Business	16 A	verage Ticke	t	Gross Annual Sales 18	0,000.00			
Do you currently have cash advance? Yes With who? Cash, Last Chance Funding Balance 18,000								
Current Credit Card Processor Average Processing Volume								
Last Month Vol.	#of Ticket	s	2nd Month Vol.	#of Ticl	cets			
3rd Month Vol.	#of Ticket	s	4th Month Vol.	#of Ticl	cets			
Owner #1 Name	Michael Moshier		Title President					
Date of Birth	02/08/1971		SSN 452-83-19	95				
Full Home Address	1803 Laurel Springs Lane Kingwo	ood TX 77339						
Home Phone	(832) 708-9478 Cell Pho	ne (8:	32) 708-9478 Email	info@singlesparkeve	nts.com			
Own/Rent	\$ 0 Own Years T	here 14	Drivers Lience # 0	1523168 State	Texas			
Owner #2 Name			Title					
Date of Birth			SSN					
Full Home Address								
Home Phone	Cell Pho		Email					
Own/Rent	\$ Years T	here	Drivers Lience #	State				
Business Home Bas	ed? <u>No</u> Location: L	.ease/Own	Leased Lease Terr	mMonthly	Rent			
Landlord / Mortgage	e Co. Lakeville Suites		Conta	act Kathy Hollis				
Contact Phone	(832) 708-0840	Cell		Email				
Bank Name/Branch	Green Bank	Contact	Colleen Ignolia	Phone (713) 275	-8320			
Trade Reference#1	Wells Fargo	Contact	Sherel Carpenter	Phone (281) 704	-3816			
Trade Reference#2	JLA Realty	Contact	John Altic	Phone (713) 489	-8130			
Trade Reference#3	Town Center Park Associat	Contact	Tony Austin	Phone (713) 628	-1886			

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 P	rinted Name	Michael Moshier	Date	05/09/2017
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