Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809

DDA N		11- <i>ff</i> M -:				1.51		- ££ NA -::			
DBA Name		Hoff Machi				gal Name	-	off Machini	ng		
Type of Business machine shop		-		Ta	x ID	2	5-1486799			Sole Prop	
Full Business Addre	SS	151 Freidho	off Lane								
Full Billing Address											
Phone at Location		(814) 536-	6458		B	est Phone (814) 53	6-6458	Fax	(814) 53	39-2676
Business Email		joel@hoffmachining.com			Website						
Years In Business		36	Ave	erage Ticl	ket		_ Gr	oss Annual	Sales	700,000.00	
Do you currently ha	ave cash	advance?	Yes	s V	/ith who? <u>co</u>	ornerstone c	apital		_ Bal	ance <u>70000</u>	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.		#	of Tickets			2nd Month V	/ol		_ #of	Tickets _	
3rd Month Vol.		#	of Tickets			4th Month V	′ol		_ #of	Tickets _	
Owner #1 Name	Joel Freid	lhoff			Title	mr					
Date of Birth	04-20-19				SSN	175-5	2-6257				
Full Home Address	90 McCoi	rmick Road									
Home Phone	(814) 536	6-6458	Cell Phone	<u> </u>	(814) 242-11	L58 Email		joel@l	noffmachin	ing.com	
Own/Rent	\$ 0 Owr	า	- Years The	ere <u>25</u>	Dr	 ivers Lience #	19268	8666	State	pa	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone	e _		Email					
Own/Rent	\$		Years The	ere	Dr	ivers Lience #	·		State		
Business Home Bas	ed?	No Lo	cation: Le	ase/Own	Leased	Lease	Term		Mon	thly Rent	
Landlord / Mortgage	e Co.						ontact			_	
Contact Phone	_			Cell				Emai	_		
Bank Name/Branch	First Na	ational bank		Contact	Karen			Phone	(814) 2	66-6699	
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all	the above in	oformation is true	and underst	tand that ma	king falso state	omonts might he	consider	od fraud. By n	roviding the	ahovo informatio	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	Joel Freidhoff	Date	05/01/2017
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