

DBA Name	Apple	Precision LLC	Le	egal Name	Apple Prec	ision LLC		
Type of Business	Manu	Manufacturing		ax ID	06-154510	06-1545100		LLC
Full Business Addre	ss <u>85 S. L</u>	eonard St., Waterbur	y, Ct. 06708					
Full Billing Address								
Phone at Location	(203)	725-3911	E	Best Phone (20)	3) 725-3911	Fax	(203) 725-3912	2
Business Email	lou@a	ppleprecision.com		Website	www.apple	precision.co	om	
Years In Business	23	Average	Ticket		Gross Annu	al Sales	140,000.00	
Do you currently ha	ave cash advance	e? 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.		#of Tickets		4th Month Vol.		#of	Tickets	
Owner #1 Name	Lou Nogueira		Title	Owner				
Date of Birth	06/30/1964		SSN	046-50-0)162			
Full Home Address	7 Lakeside Drive,	Wolcott, Ct. 06716						
Home Phone	(203) 725-3911	Cell Phone	(203) 232-7	788 Email	lou@	appleprecision	on.com	
Own/Rent	\$ <u>0 Own</u>	Years There	12 D	rivers Lience #	184335462	State	Ct	
O #2 No			T:41 -					
Owner #2 Name			Title					
Date of Birth Full Home Address			SSN					
Home Phone		Cell Phone		Email				
Own/Rent	\$	Years There	D	rivers Lience #		State		
	· -		_	•				
Business Home Bas	ed? No	Location: Lease/Ov	wn <u>Owned</u>	Lease Te	rm	Mont	thly Rent	
Landlord / Mortgage	e Co			Cont	tact			
Contact Phone			Cell		Em	ail		
Bank Name/Branch		Contac	ct		Phone			
Trade Reference#1		Contac	ct		Phone			
Trade Reference#2		Contac			 Phone			
Trade Reference#3		Contac	ct		Phone			
							1 16 11 11	

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	Lou Nogueira	Date	08/29/2017