

DBA Name		ROSE CITY MOTORS				_Legal Name		RCM HOLDINGS, LLC			
Type of Business		USED AUTO SALES				_Tax ID		73-1687558			LLC
Full Business Addre	SS	635 S. REYNOLDS RD TOLEDO, OH 4361				5					
Full Billing Address											
Phone at Location		(419) 531-5462				Best Phon	e (517)	206-7330	Fax	(517) 513-8085	5
Business Email		dwclark	@rosecityn	notors.com		Website		rosecitymotors.com			
Years In Business		13		verage Ticket				Gross Annual Sales 6,700,000		6,700,000.00	
Do you currently ha	advance?	advance? Yes		With who?				Bal	ance <u>55846.20</u>		
Current Credit Card											
Last Month Vol.		#of Ticket	S		2nd Month Vol.			#of Tickets			
3rd Month Vol.	#of Ticke			.s		4th Mon	ith Vol.		#of Tickets		
	DAV/ID CI	ADIC									
Owner #1 Name	01/19/1962				Titl -	_	lember 64-78-299	005			
Date of Birth					SSN 364-78			95			
Full Home Address Home Phone	1265 MAPLE LANE (517) 206-7330 Cell Phone				(517) 206-7330 Email			dwclark	@rococity	ymotors.com	
Own/Rent	\$ 0 Own Years There				Drivers Lience # C462135866052 State MICHIGAN						
Own/Rent	\$ 0 OWI	1		here 9		Dilvers Lien	- C-	+02133000032	_State	MEHIGAN	
Owner #2 Name Title											
Date of Birth					- SS	N					
Full Home Address					-	_					
Home Phone	Cell Ph			ne		Email					
Own/Rent	\$ Own Years T			here		Drivers Lience #			State		
Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent									thly Rent		
Landlord / Mortgage Co. Contact											
Contact Phone	_			Ce				_ Email	_		
	PNC BA	NK /BOA	RDMAN								
Bank Name/Branch RD				Contac	t WILLI	AM BAIRD		Phone 	(517)	817-4315	
Trade Reference#1	AUTOSOFT			Contac	t ACCO	CCOUNTS REC STAFF		Phone	(800)	473-4630	
Trade Reference#2	KEEPING UP APPEARANCES			Contac	t DOYL	E CLARK		Phone	(517) 962-1241		
Trade Reference#3	TIREMAN AUTO SERVICE CENT			Contac	t ACCO	UNTS REC	STAFF	Phone	(419)	724-8473	

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1 Printed Name DAVID CLARK Date 11/16/2016