

DBA Name		music together of fairfield county			gal Name	Music Together of Fairfield County INC		y INC
Type of Business		s corp		Tax	x ID	061489175		Corp
Full Business Addre	SS	76 walbin ct	fairfield CT 06824	4				
Full Billing Address								
Phone at Location		(203) 572-4998		B	est Phone	Fax		
Business Email		mtfcjj@optonline.net			Website	www.ctmusictogether.com		
Years In Business		22	Average Ti	cket		Gross Annual Sales 800,000.00		
Do you currently ha	ave cash a	advance?	Yes	With who? Sv	wift kabage		Balance 42k 1	80k
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#0	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#0	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Steve Jaco	obs		Title	Owner			
Date of Birth	06-10-195			- SSN	055-54-36	13		
Full Home Address	76 walbin	ct fairfield CT	06824	_				
Home Phone	(203) 572	-4998	Cell Phone		Email	sjtc@opto	online.net	
Own/Rent	\$ 0 Own		Years There	Dri	vers Lience #	State		
Owner #2 Name				Title				
Date of Birth				SSN	<u></u>			
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$ Own		Years There	Dri	vers Lience #		State	
Business Home Bas	ed?	Yes Loc	cation: Lease/Owr	Leased	Lease Terr	n	Monthly Rent	1,300.00
Landlord / Mortgage	e Co				Conta	ct _		
Contact Phone	_		Ce	·II		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			 Contact			–		
Trade Reference#3			Contact			Phone		
				1: 61 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	Steve Jacobs	Date	02/09/2018