

DBA Name		Satco Ro	ofing		Le	egal Name	satcoenterpr	ises	
Type of Business		Roofing			Ta	ax ID	471944493		LLC
Full Business Addre	ess.	236 Moon	ey Circle	, Spicewood ⁻	TX 78669				
Full Billing Address									
Phone at Location (512) 350-8806					Best Phone (512)	350-8806	Fax <u>(51</u>	2) 697-8279	
Business Email satcoroofing@msi			sn.com		Website	roofingspicewood.com			
Years In Business		5		Average Tick	et		Gross Annual	Sales <u>600,000</u>	0.00
Do you currently ha	ave cas	sh advance?		Yes W	ith who? _			Balance 30,	000
Current Credit Card Processor						Average	Processing Vol	lume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tickets	
Owner #1 Name		n Saathoff			Title	-			
Date of Birth	02/10/				SSN	467-66-88	327		
Full Home Address		ooney Circle, S	picewood						
Home Phone	(512) 350-8806 Cell Phone (512) 350-8806 Email satcoroofing@msn.com								
Own/Rent	\$ <u>0 R</u>	ent	Years	There 15	D	rivers Lience # 0	4457756	StateTX	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					2211				
Home Phone			Cell Pl	none		Email			
Own/Rent				There		rivers Lience #		State	
Own/Rent	\$		Tears		U	Tivers Lience #		State	
Business Home Bas	ed? _	Yes L	ocation:	Lease/Own	Leased	Lease Tern	n <u>open</u>	Monthly Rent	350.00
Landlord / Mortgage	e Co.	W. L. Doffin	ıg			Conta	act	same	
Contact Phone		(713) 824-5	881	Cell	<u>(7</u>	13) 824-5881	_ Email	wl8306931	.280@doffing.net
Bank Name/Branch	APLU	S FCU		Contact	Corin		Phone	(512) 421-2710	
Trade Reference#1 ABC Supply			Contact	Manager	-	– Phone	(512) 454-0400		
Trade Reference#2	de Reference#2 Mcelroy metals			Contact	Acct Pay	able	– Phone	(318) 747-8000	
Trade Reference#3	McCo	y Lumber		Contact	Acct Pay	able	– Phone –	(512) 263-3527	
I haveby represent that all	41	- !					-!- P		

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	William Saathoff	Date	02/14/2017
-------------	--------------	------------------	------	------------