<b>Money</b> Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809  Sales Rep: Adrian

DBA Name		Hudson	Inn		Le	egal Name	Hudson Inn		_
Type of Business		Hotel/ N	/lotel		T	ax ID	47-3724359		Sole Prop
Full Business Addre	SS	485 So.	100 West 9	St. #186					
Full Billing Address									
Phone at Location		(435) 3	87-2481		E	Best Phone (435	) 387-2481	Fax	(435) 387-2482
Business Email		Milford(	@HudsonIr	nns.com		Website	www.Hudsor	nInnMilford.c	om
Years In Business		1.2		Average Tick	et		Gross Annual	Sales 2	0,000.00
Do you currently ha	ave cas	h advance?		No W	ith who? _			Balan	ice
Current Credit Card	d Proces	ssor				Average	Processing Vo	lume	
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Ti	ckets
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		_ #of Ti	ckets
Owner #1 Name	David F				Title	Owner/ O	norator		
Date of Birth	02-29-1				SSN				
Full Home Address		. 100 West S	+ #186		3311				
Home Phone		87-2481	Cell Ph	ione	(949) 584-0	341 Email	Milford	d@hudsoninns	s.com
Own/Rent	\$ 0 O		Years	_			.1912968	State	California
			_			_		<del></del>	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	ione _		Email			
Own/Rent	\$		_ Years	There	D	rivers Lience # _		State	
Business Home Bas	ed?	No	Location:	Lease/Own	Owned	Lease Ter	m	Month	ly Rent
Landlord / Mortgage	e Co.	Security T	itle Compa	any		Conta	act	Michaek D	alton
Contact Phone		(435) 438-	2354	Cell	(4	35) 438-2354	Emai	I	
Bank Name/Branch	Wells	Fargo Milfo	ord	Contact	Lorie		Phone	(435) 387	-6140
Trade Reference#1	AMTE	Х		Contact	Eric		— Phone	(909) 383	-8626
Trade Reference#2	Maint	enance US	Ą	Contact	Yogesh	Patel	— Phone	(800) 288	-2000
Trade Reference#3	HD Su	upply		Contact			Phone	(800) 431	-3000
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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 sownet/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.

	inted Name Davi		Date	07/26/2016
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