CASH ADVANCE FUNDING LLC APPLICATION

| | | BUSINESS | INFORM | MATION 1 | | | | | |
|--|------------------|--------------------------------|-------------------|---------------------------------------|-------------------|-------------------------|--|--|--|
| Legal/Corporate Name | | | | DBA – doing business as | | | | | |
| | | | | | | | | | |
| Physical Business Address | | | | City Chata | 9 1 | | | | |
| Physical Business Address: | | | | City, State, | , Zip | | | | |
| | | | | | | | | | |
| Main Business Phone Number | Fax Numbe | Fax Number | | | Email | | | | |
| | | | | | | | | | |
| EIN Number | Length in k | Length in business/ start date | | | te: Website: | | | | |
| | | | | | | | | | |
| Entity type: IIC General Partnershir | C Corporation | Limited Liahilit | ·v | State of En | htitv: | Number of locations: | | | |
| Entity type: LLC, General Partnership, C Corporation, Limited Liabilit Partnership LP, etc.: | | | | State of Entity. | | | | | |
| • • | | | | | | | | | |
| | BUSIN | ESS INFORMA | TION 2 | | | | | | |
| Legal/Corporate Name | | | | DBA – doir | ng business as | | | | |
| | | | | | | | | | |
| Physical Business Address: | | | | City, State, Zip | | | | | |
| | | | | | | | | | |
| Adata Partir and Phone Manufact | | | | F | | | | | |
| Main Business Phone Number | Fax Numbe | er | | Email | | | | | |
| | | | | | | | | | |
| EIN Number | Length in b | ousiness/ start | date | te Website: | | | | | |
| | | | | | | | | | |
| Entity type: LLC, General Partnership, C Corporation, Limited Liability | | | ·v | State of Entity: Number of locations: | | | | | |
| Partnership LP, etc.: | , c corporation, | Liiiiica Liabiiii | • • | State of Entity. | | ivalliber of locations. | | | |
| | | | | | | | | | |
| | | IERCHANT/O | | | | | | | |
| Owner/Corporate Office Name and Title: Personal Cre | | | edit Score: | | % Ownership: | | | | |
| | | | | | | | | | |
| Home Address: | | | City, St | City, State, Zip | | | | | |
| , | | | | - | | | | | |
| CCNIH Date of Birth | | | Call Dh | Cell Phone # Business Phone # | | | | | |
| SSN# Date of Birth | | | Cell Pil | one # | business i none # | | | | |
| | | | | | | | | | |
| PARTNER INFO | | | NFORM | | | | | | |
| Partner Name and Title: Personal Cre | | dit Score: | | % Ownership: | | | | | |
| | | | | | | | | | |
| Home Address: | | | City, St | ate, Zip: | 1 | | | | |
| | | | | | | | | | |
| SSN#: Date of Birth: | | Cell Phone #: | | Business Phone # | | | | | |
| | | | Cell Pilo | | - Du | Since T Home # | | | |
| | | | | | | | | | |
| | | | NFORMATION #2 | | 0/ Our analis. | | | | |
| Partner Name and Title: Personal Cree | | | αιτ Score: | | % Ownership: | | | | |
| | | | | | | | | | |
| Home Address: | | | City, State, Zip: | | | | | | |
| | | | 1 | | | | | | |

| NIII | | | | | | | |
|---|---------------------|------------------------|--|----------------------------|------------------|--|--|
| SSN#: Date of Birth | | | Cell Phone #: | | Business Phone # | | |
| | | | | | | | |
| | l | PARTNER I | INFORMATION #3 | | | | |
| Partner Name and Title: Personal Cred | | | dit Score: | lit Score: % Ownership: | | | |
| | | | | | | | |
| Home Address: | | | City, State, Zip: | | | | |
| | | | | | | | |
| SSN#: Date of B | | | Cell Phone #: | | Business Phone # | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | BUSINESS T | RADE REFERENCES | 1 | | | |
| Business Name | Co | stact Darcon & T | i+la | Phone # | | | |
| busiless walle | Col | Contact Person & Title | | Priorie # | | | |
| | | | | | | | |
| Business Name Contact Person & | | ntact Person & T | itle | Phone # | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | BUSINESS PRO | PERTY INFORMATION | | | | | |
| Landlord/ Bank Contact | Do | you lease or ow | n: (briefly explain) | Phone # | | | |
| | | | | | | | |
| | | | | | | | |
| | | ADDITION | AL INFORMATION | | | | |
| Current Credit Card Processing Company & Business Bank: | | | Gross Monthly Revenue: (Cash Monthly and Credit Monthly) | | | | |
| | | | Monthly Credit Card: Monthly Cash: | | | | |
| | | Monthly Total: | | | | | |
| Are you current on Sales Taxes? Yes or No | | | Are you current on Property Taxes? Yes or No | | | | |
| Are you current on Payroll Taxes? Yes or No | | | | | | | |
| Are you current on Payron raxes: res or No | | | | | | | |
| Any Bankruptcies? Part | | tner? | | Is your business for sale? | | | |
| Yes or No Yes or No | | Т. | | Yes or No | | | |
| Are you a US Citizen/Permanent Resident Alien? (Owner) | | | Are you a US Citizen/Permanent Resident Alien? (Partner) | | | | |
| | | | | | | | |
| Any Federal or State Tax liens of judgements? (Owner) | | | Any Federal or State Tax liens of judgements? (Partner) | | | | |
| | | | | | | | |
| | | | | | | | |

Authorization:

The Owner(s)/Officer(s)/Partner(s) (individually, an "Applicant") identified on this application, each represents, acknowledges, and agrees that (1) all information and documents provided to Cash Advance Funding, LLC, including but not limited to credit card processor statements, bank statements, ID, IRS documentation, etc., are true, accurate, and complete (2) Applicant will immediately notify Cash Advance Funding, LLC, of any change in such information and any change in financial condition (3) Applicant authorizes Cash Advance Funding LLC, to disclose all information and documents that Cash Advance Funding, LLC may obtain, including credit reports to other persons or entities collectively, "Assignees") that may be involved with or acquire commercial funds having daily repayment features or purchase of future receivables with a Merchant Cash Advance, including without limitation the application therefor potential Transactions. (4) each Assignee will rely upon the accuracy and completion of such and information and documents, (5) Cash Advance Funding, LLC, Assignees, and each of their representatives, successors, assigns, designees (collectively "Recipients") are authorized to request and receive investigative reports, credit reports, statements from creditors, and financial institutions, also, verification of information, or any other information that a recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information – providers arising from any act or omission relating to the requesting, receiving, or release of information, an (7) each Owner/Officer/Partner represents that he or she is authorized to sign this application on behalf of Merchant

| Signature of Corporate Officer/Owner | | Signature of Partner | | | | |
|--------------------------------------|------|----------------------|------------|------|--|--|
| Print Name | Date | | Print Name | Date | | |