



5100 PGA Blvd.
 Suite 305
 Palm Beach Gardens, FL
 33418

apply@archerfieldfunding.com
 www.archerfieldfunding.com
 Customer Service: 866-822-7240

LOAN APPLICATION

Name: (Last) _____ (First) _____ (Middle) _____

Date of birth: / / SSN: / /

Phone #: () Cell Phone #: ()

Email: _____ Fax #: _____

Current home address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: (Check one) Married Legally Separated Unmarried

If Married: Spouse's name: (Last) _____ (First) _____ (Middle) _____

Current home address, if different then Borrower: _____

EMPLOYMENT INFORMATION

Employer: _____ Gender: Male Female

Work address: _____

City: _____ State: _____ Zip Code: _____

Work Phone #: ()

Position: _____

Supervisor/Manager: _____ Phone #: ()

Are you a full time employee? YES NO Date of Hire: / /

Do you plan to change jobs or stop working within the next 12 months? YES NO

Open Bankruptcy? YES NO If Bankruptcy Yes, please explain: _____

REFERENCE: (NOT LIVING WITH YOU)

Full Name: _____ Phone #: ()

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

I am applying to Archerfield Funding, LLC ("Lender") for a personal loan. If I am injured or unable to work; I am still responsible for the payments of this loan. PLEASE INITIAL ►

I understand if any of the information provided to Lender is false or incomplete, Lender will reject the application. PLEASE INITIAL ►

I hereby authorize Lender to verify all information provided by me on this application. PLEASE INITIAL ►

I AGREE to immediately notify Lender when there is a change of my work address and provide the new address and telephone numbers to Lender promptly. PLEASE INITIAL ►

If the payment is not made, and not cured following notice as described in the Loan Agreement, Lender may at its option declare the entire balance due and payable. PLEASE INITIAL ►

APPLICANT'S SIGNATURE: _____ Date: / /



5100 PGA Blvd.
Suite 305
Palm Beach Gardens, FL
33418

apply@archerfieldfunding.com
www.archerfieldfunding.com
Customer Service: 866-822-7240

ALLOTMENT/PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Lender or its agent to act on my behalf as my agent to create and maintain the allotment, or other payroll deduction mechanism necessary to repay Lender for the applied for loan. I authorize and assign Lender or its agent to have the payments deducted directly from my payroll. I also authorize Lender or its agent to have the necessary information, held in their confidence, and act on my behalf to take all appropriate steps to maintain such payroll deductions subject my right to terminate. I hereby grant the Lender or its agent full authority to restart the applicable payroll deduction should it ever be stopped prior to payment in full to Lender. I also authorize Lender or its agent, if necessary, to combine the payroll deduction for repayment of my loan with another payroll deduction in my employer's system. I UNDERSTAND THAT I MAY TERMINATE THIS ASSIGNMENT AT ANY TIME WITHOUT PENALTY. PLEASE INITIAL

Canceling Your Authorization. I understand that I have the right to cancel a regularly scheduled electronic transfer or payroll deduction when I provide three days written notice to Lender. Upon notification of the canceled payroll deduction, I must contact Lender and determine how best to continue payments. Canceling an electronic transfer or allotment does not relieve me of my obligations to pay Lender in full under the terms of this Agreement. **This loan is not conditioned on my making payments via any electronic transfer service.**

If I wish to explore other options of repayment, I must contact Lender's offices at 1-866-822-7240. PLEASE INITIAL

FOR MARRIED BORROWERS ONLY

If you indicated on page 1 that you are "Married", your spouse must sign below and his or her signature must be witnessed by two disinterested persons. The undersigned is the husband or wife of the applicant and hereby consents and agrees to the authorization for allotment or payroll deduction set forth above.

SIGNED: _____ Date: / /
WITNESS 1: _____ Date: / /
WITNESS 2: _____ Date: / /

PLEASE READ CAREFULLY

The loan you are applying for is a legal contract. If at any time before this loan is paid off, you stop making payments, you are in violation of a signed agreement. We will attempt to recover the entire amount that you have agreed to pay. If necessary, we will debit your bank account or Credit Card. We may initiate legal action. If we sue you following a Default under this Agreement, we may request an award of those statutory costs and statutory attorney fees set forth in Section 814.04, Wis. Stats. If our request is granted, you will be required to pay these fees. If you have any problems that prevent you from fulfilling your obligation, **please contact our office at 1-866-822-7240.**

If you selected payment through a payroll deduction, YOU are responsible for notifying us of any changes to your payroll deductions that would affect repayment of your loan. If during the course of your loan repayment to the Lender you decide to OBTAIN or REFINANCE a loan with another financial institution, and the company STOPS your payroll deduction to Lender, YOU will be obligated to repay the loan. If your payroll deduction payments to Lender are stopped by anyone, you WILL be charged a late fee for each missed payment. If non-payment continues, your account will be sent to our attorneys for collection.

NOTICE TO MARRIED APPLICANTS

No provision of a marital property agreement, a unilateral statement under s.766.59 or a court decree under s. 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

*How did you hear about our services
(Please mark with an "x" which applies)?

Friend/Co-Worker: Name ▶ _____

Previous Borrower (used our services before) _____

Radio _____

T.V. _____

Newspaper/Newsletter: Name ▶ _____

Online/Internet _____

Flyer (code): _____

Other: _____

*How many allotments do you currently have?
Where is each allotment sent? How much is each allotment?

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Example	Archerfield Funding, LLC \$ 50.00

Upon submission of your completed loan application you may contact Archerfield Funding LLC's Loan Processing Department to inquire about the status of your application (866) 822-7240.

APPLICANT'S SIGNATURE: _____ Date: / /



5100 PGA Blvd.
Suite 305
Palm Beach Gardens, FL
33418

apply@archerfieldfunding.com
www.archerfieldfunding.com
Customer Service: 866-822-7240

CONSENT FOR ELECTRONIC DISCLOSURES UNDER THE ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

PLEASE READ THIS INFORMATION CAREFULLY AND PRINT A COPY AND/OR RETAIN THIS INFORMATION ELECTRONICALLY FOR FUTURE REFERENCE.

Introduction: You have submitted a request for a consumer loan (hereinafter a "Request") from Archerfield Funding, LLC ("AF"). AF can best give you the benefits of our service by conducting some of our business through the Internet or via facsimile transmission ("FAX"). In order to do this, we need you to consent to our giving you certain disclosures electronically. This document informs you of your rights when receiving legally required disclosures, notices and information ("Disclosures") from AF. By printing and signing this document you consent to the electronic delivery of such Disclosures to comply with state and federal Disclosure timing requirements (your "Consent").

Electronic Communications: You may request a paper copy from us of any of the Disclosures by writing to AF, with the details of your request at: 5100 PGA Boulevard, Suite 305, Palm Beach Gardens, FL 33418. We will provide the paper copies to you at no charge. We shall retain the records as required by law.

Consenting to Do Business Electronically: Before giving your consent to receive Disclosures electronically, you should consider whether you have the required equipment and/or hardware and software capabilities described below.

Scope of Consent: By giving your consent, you agree that the following Disclosures and documents may be provided in electronic form:

- Loan Application
- Electronic Funds Transfer & Authorization Agreement for Pre-Arranged Payments
- Consumer Loan Agreement and Federal Truth In Lending Disclosure
- All other documentation and information relating to loans and other transactions
- Notice of Your Financial Privacy Rights
- Arbitration Agreement
- Allotment/Payroll Deduction Authorization

Your consent will apply to this transaction and all future transactions you request.

Hardware and Software Requirements: To access and retain the Disclosures electronically, you will need: (1) access to a FAX machine; or (2) the following computer software and hardware: An IBM or MAC compatible computer with Internet access, a valid e-mail address, a printer and an Internet Browser that meets the following minimum requirements. Microsoft Internet Explorer 7.0 or later versions (Safari 3.2.3 or later versions for Mac users). Also, the specific Internet Browser must support at least 128 bit encryption. If at any time during this transaction these requirements change in a way that creates a material risk that you may not be able to receive Disclosures electronically, we will notify you of these changes.

Withdrawing Consent: You are free to withdraw your Consent at any time and at no charge to you. If you do withdraw your Consent prior to receiving the loan, this may delay the closing of your loan. If at any time you wish to withdraw your Consent, you may do so by sending us your request in writing to: 5100 PGA Boulevard, Suite 305, Palm Beach Gardens, FL 33418. If you decide to withdraw your Consent, the legal effectiveness, validity and/or enforceability of prior electronic Disclosures will not be affected.

Change to Your Contact Information: You should keep us informed of any change in your FAX number, electronic address or mailing address. You may contact us at 5100 PGA Boulevard, Suite 305, Palm Beach Gardens, FL 33418 (or by telephone at 866-822-7240) regarding any such changes.

YOUR ABILITY TO ACCESS RECORDS: BY PRINTING OUT THIS CONSENT FORM YOU ACKNOWLEDGE THAT YOU CAN ACCESS THE DISCLOSURES IN THE DESIGNATED FORMATS DESCRIBED ABOVE.

APPLICANT'S SIGNATURE: _____

Date: / /

IMPORTANT

DID YOU REMEMBER TO...

- | | |
|--|--|
| <input type="checkbox"/> Pg. 1 (5 initials and 1 signature) | <input type="checkbox"/> 2 most recent Pay Stubs: name, address and pay period must be legible |
| <input type="checkbox"/> Pg. 2 (1 initial (this is optional) and 1 signature) | <input type="checkbox"/> Copy of a voided check AND your most recent bank statement. |
| <input type="checkbox"/> Pg. 3 (2 initials and 1 signature, plus if married, spouse's signature and two witnesses) | |
| <input type="checkbox"/> Pg. 4 (1 signature) | <input type="checkbox"/> Please ensure that your routing number and FULL bank account number are correct. Funds are deposited through ACH/Direct Deposit. The funds are not wired to your account so please provide the correct routing number for your funds to be deposited. |
| <input type="checkbox"/> Employee ID Card, Drivers License or State ID Card | |
| <input type="checkbox"/> Current utility bill | |
| <input type="checkbox"/> Credit Card | |

IF WE DO NOT HAVE ALL OF THE ABOVE YOUR LOAN WILL NOT BE APPROVED

How and where do I send my application and documents?

1. Fax to 414-755-7497
2. Email to apply@archerfieldfunding.com
3. Scan or take a picture with your cell phone and send it to apply@archerfieldfunding.com