

apply@archerfieldfunding.com www.archerfieldfunding.com Customer Service: 866-822-7240 Fax: 435-608-4509

UT - 4-2018

PAGE 1

| LOAN APPLICATION  |                        |                  |                  |
|---|------------------------|------------------|------------------|
| Name: (Last)  | (First)                | (                | (Middle)         |
| Date of birth: / / SSN:   | 1 1                    |                  |                  |
| Phone #: ( )  | Cell Phone #: (        | )                |                  |
| Email:  | Fax #:                 |                  |                  |
| Current home address:   |                        |                  |                  |
| City:   | State:                 | ;                | Zip Code:        |
| ЕМР   | LOYMENT INFO           | RMATION          |                  |
| Employer:   |                        |                  |                  |
| Work address:   |                        |                  |                  |
| City:   | State:                 |                  | Zip Code:        |
| Work Phone #: ( )   | Employee ID#:          |                  | PIN #:           |
| Position:   |                        |                  |                  |
| Supervisor/Manager:   |                        | Phone #: ( )     |                  |
| Are you a full time employee?   | Date of Hire:          | / /              |                  |
| Do you plan to change jobs or stop working within the next 12 m   | onths?                 | □no              |                  |
| Open Bankruptcy?  | tcy Yes, please explai | n:               |                  |
|   |                        |                  |                  |
| REFERE  | NCE: (NOT LIVIN        | G 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.  |                        |                  |                  |
| Lender reserves the right to reject the application if my bank account reflects negative transactions.  |                        | 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 contact any individuals, all business, company, corporation, or credit bureau to assist in collecting payment in case my loan goes into default. I hereby also give my permission for any individual business, including past and present supervisors and / or record clerks, company, corporation or credit bureau to release any and all information regarding my credit worthiness and credit reports to Lender for the same purpose. I also authorize Lender to verify all information provided by me on this application. |                        |                  |                  |
| I AGREE to immediately notify Lender when there is a change of my work address and provide the new address and telephone number to Lender promptly.   |                        | phone            |                  |
| I understand upon a Default, as defined in the Loan Agreement, Lender may at its option declare the entire balance due and payable.   |                        | PLEASE INITIAL > |                  |
| APPLICANT'S SIGNATURE:  |                        | I                | Date: / /        |



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UT - 4-2018

PAGE 2

You must have an active valid credit card under your name to obtain this loan. Please provide ONE of your major credit cards. This information will be validated by Lender.

| CREDIT CARD INFORMATION  |  |   |   |   |
|--|--|---|---|---|
| Type of Credit Card: (e.g. Visa, MasterCard)   |  |   |   |   |
| Full Name: (as it appears on the Cre   | edit Card)   |   |   |   |
| Credit Card Number:  |  |   | Expiration Date:  | Security Code:  |
| Complete Mailing Address: (address v   | where the statements are se  | nt to)  |   |   |
| City:  | State:   | Zip Code:   |   |   |
| ELECTRONIC FU  | NDS TRANSFER &   | AUTHORIZATION A   | GREEMENT FOR PRE-ARRA   | NGED PAYMENTS   |
| Originator Name: ARCHERFIEL  | .D FUNDING, LLC  |   |   |   |
| Name exactly as it appears on state  | ement:   |   |   |   |
| Name of Bank:  |  |   |   |   |
| Bank's address:  |  |   |   |   |
| City:  | State:   | Zip Code:   | Bank's phone #: (   | )   |
| Routing # of ACH/direct deposit not  | wires:   | Checkin   | g acct #:   | ☐ Checking ☐ Savings  |
| Well as a voided check, bank statement and/or bank letter. See page 4 for further details.  If my allotment or payroll deduction does not take effect or if it is later reduced or canceled, I hereby authorize Lender, to charge my credit card listed above ("Credit Card"), as that information may change from time to time, for any amount I owe Lender under my Loan Agreement, including any returned payment charges or other costs as set forth in my Loan Agreement.  By initialing this paragraph, I hereby agree that if my allotment or payroll deduction does not take effect or if it is later reduced or canceled, I hereby authorize Lender to  |  |   |   |   |
| Agreement, including any returned part understand that by Federal law PLEASE INITIAL }  This right to charge my Credit Card or everything that I owe under my Loan and the state of the sta | ayment charges or other approval of my loan a r to withdraw money from Agreement or (ii) until Less a reasonable opportunity | costs as set forth in my Loan pplication cannot be cond m my Bank Account (if author ander and Bank have received | change from time to time, for any amor<br>Agreement.  itioned on my granting this authoristicated) will remain in full force until the elevation of the written notification from me of its term than the charge amount may be changed. | zation.  arlier of the following occurs: (i) I pay ination in such time and in such |
| Upon receipt of my bank proof, Lender will confirm my banking information before crediting my bank account via Direct Deposit. By providing the credit card and Bank Account information I hereby authorize Lender to debit the accounts provided above should I fail to make a payment for any reason, either through the allotment system or any other agreed upon method of payment, prior to the loan being paid in full.  |  |   |   |   |
| Notice of Varying Amounts. In the event of any withdrawal from your bank account by an ACH Debit that varies in amount from the previous transfer under the same authorization, from the preauthorized amount or from the scheduled installment payment plus any applicable late fees or NSF fees, Lender will send you written notice of the amount and date of the transfer at least 10 days before the scheduled date of transfer. Subject to your right to receive notice, you authorize Lender to vary the amount of any withdrawal as needed to repay installments due under your Loan Agreement with Lender as modified by any partial prepayments you make.  |  |   |   |   |
| Please note that should a Non Sufficient Funds ("NSF") occur, you are responsible for a \$15 fee. Also note that the system used may attempt to debit funds an additional 2 times should an NSF occur. Lender reserves the right to decline this loan should your Bank Account reflect negative transactions such as a history of NSF's, etc.  |  |   |   |   |
| APPLICANT'S SIGNATURE:   |  |   | Πε  | ate: / /  |



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UT - 4-2018

PAGE 3

## **ALLOTMENT/PAYROLL DEDUCTION AUTHORIZATION**

| I hereby authorize Lender or its agent to act on my behalf as my agent to repay Lender for the applied for loan. I authorize and assign Lender or Lender or its agent to have the necessary information, held in their confideductions. I hereby grant the Lender or its agent full authority to restar prior to payment in full to Lender. I also authorize Lender or its agent, if of my loan with another payroll deduction in my employer's system. | r its agent to have the payments deducted directly from my payr idence, and act on my behalf to take all appropriate steps to main the applicable payroll deduction should it ever be stopped necessary, to combine the payroll deduction for repayment | oll. I also authorize                                    |
|---|---|--|
| Canceling Your Authorization. The Electronic Funds Transfer Act gives I provide three days written notice to Lender. Upon notification of the ca payments. Canceling an electronic transfer or allotment does not relieve of this Agreement. This loan is not conditioned on me making payments system. If I wish to explore other options of repayment, I must contact L   | nceled allotment, I must contact the Lender and determine how<br>me of my obligations to pay Lender in full under the terms<br>via any electronic transfer service, including the allotment   |  |
| PLEASE  | READ CAREFULLY  |  |
| The loan you are applying for is a legal contract. If at any time before the agreement. We will attempt to recover the entire amount that you have We may initiate legal action. You will be responsible for all legal costs. I contact our office at 1-866-822-7240.   | agreed to pay. If necessary, we will debit your bank account or (   | Credit Card  |
| If you selected payment through a payroll deduction, YOU are responsib repayment of your loan. If during the course of your loan repayment to institution, and the company STOPS your payroll deduction to Lender, YOU Lender are stopped by anyone, you WILL be charged a late fee for each for garnishment. Your regular payment, plus attorney fees and court cost   | the Lender you decide to OBTAIN or REFINANCE a loan with anot<br>DU will be obligated to repay the loan. If your payroll deduction p<br>missed payment. If non-payment continues, you will be sent to   | her financial<br>payments to                             |
| *How did you hear about our services  | *How many allotments do you currently   | have?  |
| *How did you hear about our services<br>(Please mark with an "x" which applies)?  | *How many allotments do you currently l<br>Where is each allotment sent? How much is eac  |  |
|   |   |  |
| (Please mark with an "x" which applies)?  | Where is each allotment sent? How much is eac   | h allotment?   |
| (Please mark with an "x" which applies)?  ☐ Friend/Co-Worker: Name ▶  | Where is each allotment sent? How much is eac   | th allotment?  |
| (Please mark with an "x" which applies)?  ☐ Friend/Co-Worker: Name ▶  ☐ Previous Borrower (used our services before)  | Where is each allotment sent? How much is eac  1. 2.  | sh allotment?  |
| (Please mark with an "x" which applies)?  ☐ Friend/Co-Worker: Name ▶  ☐ Previous Borrower (used our services before)  ☐ Radio   | Where is each allotment sent? How much is each 1.  2.  3.   | sh allotment?  |
| (Please mark with an "x" which applies)?  ☐ Friend/Co-Worker: Name ▶  ☐ Previous Borrower (used our services before)  ☐ Radio ☐ T.V.  | Where is each allotment sent? How much is each 1.  2.  3.   | s \$ \$ \$   |
| (Please mark with an "x" which applies)?  ☐ Friend/Co-Worker: Name ▶  ☐ Previous Borrower (used our services before)  ☐ Radio ☐ T.V.  ☐ Newspaper/Newsletter: Name ▶  | 1. 2. 3. 4. 5.  | s s s s  |
| (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  | 1. 2. 3. 4. 5.  | s s s s  |
| (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):   | 1. 2. 3. 4. 5. Example Archerfield Funding, LLC   | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |



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UT - 4-2108

DAGE A

## 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: 3601 PGA Boulevard, Suite 220, Palm Beach Gardens, FL 33410. 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
   Your consent will apply to this transaction and all future transactions you request.
- Notice of Your Financial Privacy Rights
- Arbitration Agreement
- Allotment/Payroll Deduction Authorization

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: 3601 PGA Boulevard, Suite 220, Palm Beach Gardens, FL 33410 or FAX to us at 800-821-0489. 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 3601 PGA Boulevard, Suite 220, Palm Beach Gardens, FL 33410 (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   |  |  |
| Pg. 1 (6 initials and 1 signature)                                | 2 most recent Pay Stubs: name, address and pay period must be legible  |  |
| Pg. 2 (1 initial and 1 signature)                                 | Copy of a voided check AND your most recent bank statement.  |  |
| Pg. 3 (2 initials and 1 signature)                                | Please ensure that your routing number and FULL bank account number is correct.  |  |
| Pg. 4 (1 signature)   | 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. |  |
| Employee ID Card, Drivers License or State ID Card                |  |  |
| Current utility bill  |  |  |
| Credit / Debit 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 435-608-4509  |  |  |
| 2. Email to apply@archerfieldfunding.com                          |  |  |

Scan or take a picture with your cell phone and send it to apply@archerfieldfunding.com