

DBA Name		lohnny	C. Zarago	 za	l ega	ıl Name	Champ's	S Driving School		
Type of Business		Education			Tax ID			462675555		Sole Prop
		9922 Laredo St.			TUX 1D		102075	402073333		301C 110p
Full Billing Address	.55	3322 Lu	redo St.							
Phone at Location (361) 241-2317					Bes	t Phone (36	1) 241-2317	7 Fax		
Business Email champsdrivingsch					_		www.champsdrivingschool.com			
Years In Business		2014 Average Tic						Gross Annual Sales 165,000.00		
	ave cash	advance				who?			Balance	
Do you currently have cash advance?					With		o Dracaccina	n Volumo	Balance	
Current Credit Card Processor					Average Processing Volume				-	
Last Month Vol.			#of Ticke	ets	2r	nd Month Vol	•	#of	Tickets	
3rd Month Vol.			#of Ticke	ets	4t	h Month Vol		#of	Tickets	
Owner #1 Name	Johnny Z				Title	owner				
Date of Birth	09-12-19				SSN	560-31-	7567			
Full Home Address		eber Rd. #			(222) 222 225					
Home Phone	(361) 96		Cell Ph	-	(361) 960-2854		-	hampsdrivingscl		com
Own/Rent	\$ <u>0 Ow</u>	n	Years	There 2	Drive	ers Lience #	09906560	State	TX	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address					33.1					
Home Phone			Cell Ph	hone		Email				
Own/Rent	\$		 Years	There	Drive	ers Lience #		State		
Business Home Bas	ed?	No	_Location:	Lease/Own	Leased	Lease Te	erm <u>0</u>	Mon	thly Rent	665.00
Landlord / Mortgage	e Co. <u>I</u>	Preis Prop	erties			Con	tact			
Contact Phone	<u>(</u>	361) 854	-1491	_ Cell	l		E	Email _		
Bank Name/Branch	Charte	r Bank		Contact			Phor	ne (361) 24	11-7681	
Trade Reference#1				- Contact			— Phor	ne		
Trade Reference#2				- Contact			— Phor	 ne		
Trade Reference#3	-			Contact			 Phor	ne		
I hereby represent that all t authorize you to whom this will provide financial state	s application	n is made o	r your agents	to investigate r	my/our financial re	esponsibility and	credit worthin	ess, specifically pr	incipal and cor	oorate entities, and

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	Johnny Zaragoza	Date	07/12/2016