

DBA Name	FERRER COLLISION CENTER		Legal Name	JABO AUTOMOTIVE, INC	
Type of Business	AUTOMOTIVE BODY SHOP		Tax ID	461941811	Corp
Full Business Address	5601 NW 78th AVE				
Full Billing Address					
Phone at Location	(305) 470-2424		Best Phone	(305) 470-2424	Fax
Business Email	jorge@ferrercollisioncenter.com		Website	http://ferrercollisioncenter.com/	
Years In Business	3	Average Ticket		Gross Annual Sales	1,000,000.00
Do you currently have cash advance?		With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	JORGE FERRER		Title	PRESIDENT	
Date of Birth			SSN	591-66-4412	
Full Home Address	3791 sw 139 place				
Home Phone	(305) 470-2424	Cell Phone	(305) 898-6795	Email	ferrer24@bellsouth.net
Own/Rent	\$ 0 Rent	Years There	16	Drivers Lience #	F660421664220
				State	Florida
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	ZULE INVESTMENTS			Contact	PETER SALVA
Contact Phone	(786) 419-0943	Cell	(786) 419-0943	Email	

Bank Name/Branch	Popular Community Bank	Contact	JULIAN HERREDON Jr.	Phone	(305) 406-2584
Trade Reference#1	Kemperle of FL	Contact	Lisa Fowler	Phone	(772) 337-9446
Trade Reference#2	Braman Honda	Contact	Carlos Alvarez	Phone	(305) 260-3908
Trade Reference#3	LAUDERDALE BMW/MINI	Contact	FELIX ARRUFAT	Phone	(954) 335-0250

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	JORGE FERRER	Date	07/18/2016
-------------	--------------	--------------	------	------------