MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.580	09
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DBA Name Design		Design S	esign Services Sarasota, INC.		<u>C.</u> Le	Legal Name		Design Services Sarasota, INC.			
Type of Business Warehouse			ouse/Moving CompanyT			Tax ID <u>68-80168</u>		68-8016892	5892080-8		Corp
Full Business Addre	SS	1940 13t	h Street								
Full Billing Address											
Phone at Location (941) 953-6362			53-6362	52			hone		Fax		
Business Email tom@tcdesignse		designser	ervices.com		Website						
Years In Business		12 Average Ti		cket			Gross Annua	Sales	1,000,000.00		
Do you currently ha	ave cash a	advance?		No	With who? _				_ Ba	lance	
Current Credit Card Processor						_	Average	Processing Vo	lume		
Last Month Vol.			#of Ticke	ets		2nd I	Month Vol.		_ #oi	Tickets	
3rd Month Vol.		#of Tickets			4th Month Vol.		#of Tickets				
Owner #1 Name	Th	'la wi ata a a a			T:H =		0				
Date of Birth	Thomas C 10.5.1968				Title - SSN		Owner 595-22-752	20			
Full Home Address			ta. Florida :	34236	_ _			20			
Home Phone	(941) 953		Cell Ph		(941) 323-6	362	Email	tom@	tcdesianse	ervices.com	
Own/Rent	\$ 0 Own			Drivers Lience #		State FLORIDA					
•,e	¥ <u>* * * * * * * * * * * * * * * * * * *</u>		_							<u> </u>	
Owner #2 Name					Title	!					
Date of Birth					- SSN						
Full Home Address					_						
Home Phone			Cell Ph	ione	-		Email				
Own/Rent	\$		_ Years	There _	D	rivers	Lience #		State		
Business Home Bas	sed?	No	Location:	Lease/Owr	n <u>Leased</u>		Lease Tern	n	Mon	nthly Rent	
Landlord / Mortgage	e Co.						Conta	ct			
Contact Phone	_			Ce	ell			Emai	1 _		
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact				– Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact				– Phone			
	_				-						

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	Thomas Christeson	Date	09/09/2019