

DBA Name		-	ity Health	Club & Sp		egal Name	Dou	uble D Fitn	ess Com	pany	
Type of Business		health clu	health club			_Tax ID		593742962			Corp
Full Business Addre	SS	1598 N. Ba	lboa Ave,	Panama C	ity, Florida	32405					
Full Billing Address											
Phone at Location		(850) 914	-2348			Best Phone (8	50) 867-	4681	Fax	(850)	785-4673
Business Email	usiness Email <u>diane@panamac</u>		namacity	ityhealthclub.com		Website	Par	PanamaCityHealthClub.com			
Years In Business		16	A	verage Ticket			Gro	Gross Annual Sales 450)
Do you currently ha	ave cas	h advance?	N	o V	Vith who? _				Bal	ance	
Current Credit Card Processor			_			_ Avera	ge Proce	essing Volu	ıme		
Last Month Vol.			of Tickets			2nd Month Vo	ol		#of	Tickets	
3rd Month Vol.			of Tickets	<u> </u>		4th Month Vo	ol		#of	Tickets	
Owner #1 Name	Diane :	Zimmerman			Title	e Pres					
Date of Birth	102119	958			SSN	267-27-	-2107				
Full Home Address	201 Bu	ınkers Cove Ro	ad, Panama	City Florid	a 32401						
Home Phone	(850) 8	367-4681	Cell Pho	ne	(850) 867-4	4681 Email		diane@	panamaci	tyhealthclub.	com
Own/Rent	\$ <u>0 0</u>	wn	— Years Th	nere <u>7</u>		Drivers Lience #	Z56517	3588810	State	Florida	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phor	ne		Email					
Own/Rent	\$		Years Th	nere		Privers Lience #			State		
Business Home Bas	ed?	No L	ocation: L	ease/Own	Leased	Lease T	erm		Mon	thly Rent	
Landlord / Mortgage	e Co.	Diane Zimm	erman			Cor	ntact		8507854	1671	
Contact Phone		(850) 785-40	671	Cel	l <u> </u>			Email			
Bank Name/Branch	Regio	ns Callaway		Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			_
Trade Reference#3				Contact				Phone			
I haveby represent that all	the shave	information is to		stand that wa	aldas falsa sta	stamanta miaht ha		I froud Dune	vidina tha s	ahawa informati	on the applicant(s)

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 authorized 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	Diane Zimmerman	Date	06/02/2017