DBA Name		Frozen Express LLC		Legal	Name	Frozen Express LLC					
Type of Business		Trucking		Tax ID	)	472748972		_	LLC		
Full Business Address 11305 177th ave e Bonney Lake WA 98391											
Full Billing Address	_										
Phone at Location	253) 961-4578	) 961-4578		Phone (253)	961-4578	Fax	(253) 479-236	0			
Business Email frozene		ozenexpress@	express@comcast.net		Website						
Years In Business	2		Average Tick	et		Gross Annual Sales 304,000.00					
Do you currently h	ave cash adv	ance?	Yes W	ith who? Capit	al quick fix		Balance	2000			
Current Credit Card	d Processor				Average	Processing Volum	e _				
Last Month Vol.		#of Ticl	cets	2nd	d Month Vol.		#of Tick	ets			
3rd Month Vol.		#of Ticl	cets	4th	Month Vol.		#of Tick	ets			
Owner #1 Name	Mayra Herna	ndez		Title	Owner						
Date of Birth	02/10/1977			SSN	2627						
Full Home Address	13006 priairie cir e bonney lake wa 98391										
Home Phone	(253) 961-4578 Cell Phone (253) 961-4578 Email frozenexpress@comcast.net					st.net					
Own/Rent	\$ <u>0 Rent</u>	Year	s There 11 y	vears Driver	s Lience # He	ernamc237cs	State	WA			
				<del></del>							
Owner #2 Name				Title							
Date of Birth				SSN							
Full Home Address		Call	Na		F						
Home Phone			Phone		Email						
Own/Rent	\$	Year	s There	Driver	s Lience #		State				
Business Home Bas	sed? No	Location	: Lease/Own	Leased	Lease Tern	n	Monthly	Rent			
Landlord / Mortgage Co.				Conta	ct						
Contact Phone			_ Cell	<u></u>		Email					
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 inform	ation is true and u	- nderstand that mak	king false stateme	nts might be cons	idered fraud. By provid	ling the above	information, the an	nlicant(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 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	Mayra Hernandez	Date	02/22/2017
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