

DBA Name	Gladsyl Insurance		Legal Name	Gladsyl Insurance LLC	
Type of Business	Insurance sales		Tax ID	465217032	LLC
Full Business Address	117 Carroll St NW				
Full Billing Address					
Phone at Location	(202) 803-5848		Best Phone	(202) 321-6890	Fax
Business Email	skallen@allstate.com		Website	www.allstate.com/skallen	
Years In Business	5	Average Ticket		Gross Annual Sales	972,742.00
Do you currently have cash advance?	Yes	With who?		Balance	80000
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	S. Kathryn Allen		Title	Agent	
Date of Birth	06141955		SSN	244-98-6103	
Full Home Address	714 Whittier St NW				
Home Phone	(202) 321-6890	Cell Phone	(202) 321-6890	Email	skallen@answertitle.com
Own/Rent	\$ 0 Own	Years There	18	Drivers Lience #	9531740
				State	DC
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.	Hiram Takoma Lodge			Contact	Neal Jarvis
Contact Phone	(202) 439-3509	Cell	(202) 439-3509	Email	nealfjarvis@gmail.com

Bank Name/Branch	Industrial Bank	Contact	Thomas McLaurin, EVP	Phone	(202) 722-2000
Trade Reference#1	Answer Title	Contact	Cindy Eagle, SVP	Phone	(202) 204-0605
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 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	S. Kathryn Allen	Date	01/28/2020
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