

DBA Name	A1 Vista Auto Repair		Legal Name	A1 Vista Auto Repair	
Type of Business	General Automotive Repair		Tax ID	36-4854181	Sole Prop
Full Business Address	916 Postal Way, Vista, CA 92083				
Full Billing Address					
Phone at Location	(760) 630-9427		Best Phone	(760) 310-4095	Fax (760) 630-0544
Business Email	A1vistaauto@gmail.com		Website	a1vistaauto.net	
Years In Business	24	Average Ticket		Gross Annual Sales	300,000.00
Do you currently have cash advance?	Yes	With who?	Rapid Capital Funding, Yellowstone		Balance \$24,000, \$12,000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
				#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.	
				#of Tickets	

Owner #1 Name	Sonya Smith		Title	owner	
Date of Birth	04-27-1990		SSN	617-48-6324	
Full Home Address	1537 Live Oak Rd				
Home Phone	(760) 630-9427	Cell Phone	(760) 310-4095	Email	A1vistaauto@gmail.com
Own/Rent	\$ 0 Rent	Years There	760-310-4095	Drivers Lience #	E2790888 State CA
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	month to month	Monthly Rent	2,100.00
Landlord / Mortgage Co.	La Bouve Family Trust			Contact	Karen Ward		
Contact Phone	(760) 744-4318	Cell		Email			

Bank Name/Branch	US Bank	Contact	Daniel Rojas	Phone	(760) 732-4100
Trade Reference#1	Worldpac	Contact	Bob ext 7203	Phone	(800) 733-2277
Trade Reference#2	ASW	Contact	Mike	Phone	(760) 598-4852
Trade Reference#3	CarQuest Auto Parts	Contact	Jose	Phone	(760) 726-0884

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

Sonya Smith

Date

08/08/2017