

DBA Name		n/a		L	egal Name	ANAIRA SERVIC	CES INC	
Type of Business		tax service	s, real estate ir	vestment 1	ax ID	270603869		Corp
Full Business Addre	ess	5612 HOLLY	WOOD BLVD					
Full Billing Address								
Phone at Location		(786) 218-	(786) 218-3117			218-3117	Fax	(877) 241-1593
Business Email		asitaxservi	ces@gmail.com	1	Website			
Years In Business		7 Average		Ticket _		Gross Annual S	ales <u>12</u>	0,000.00
Do you currently h	ave cash	n advance?	No	With who?			Balanc	e
Current Credit Card Processor					Average	Processing Volur	ne _	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Ticl	cets
3rd Month Vol.		#	of Tickets _		4th Month Vol.		#of Ticl	cets
Owner #1 Name	CHAND	Y POINT DU JOU	R	Title	e president			
Date of Birth	02/26/1			 SSN	· · · · · · · · · · · · · · · · · · ·	37		
Full Home Address	5612 H	ollywood Blvd						
Home Phone		18-3117	Cell Phone	(786) 218-	3117 Email	chandy.c	cmortgage@	gmail.com
Own/Rent	\$ 0 Ov	vn	Years There	7862183117	B117 Drivers Lience # P532-100-66-066-0 State Florida			Florida
Owner #2 Name				Title				
Date of Birth				SSN	I			
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Orivers Lience #		_State	
Business Home Bas	sed?	No Lo	cation: Lease/O	wn Owned	Lease Terr	n	Monthly	Rent
Landlord / Mortgag	e Co.	BAYVIEW			Conta	ct <u>C</u>	CUSTOMER	SERVICES
Contact Phone		(800) 457-510)5	Cell <u>(</u>	800) 457-5105	Email		
Bank Name/Branch CHASE			Conta	act CUSTO	MER SERVICE	Phone	(800) 935-9	9935
Trade Reference#1			Conta	nct		Phone		
Trade Reference#2			Conta	act		Phone		
Trade Reference#3			Conta	 nct		Phone		
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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 in 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	CHANDY POINT DU JOUR	Date	10/24/2016