

DBA Name		Saavy Natu	rals		Le	egal Name	HuDeb, LLC					
Type of Business		LLC				ax ID	81-4928658		Corp			
Full Business Addre	.SS		enue, Suite C	. Chats								
Full Billing Address												
Phone at Location		(818) 626-9	9696		E	Best Phone (818	3) 585-3815	Fax	(818) 626-9687			
Business Email		hugo@saa\	hugo@saavynaturals.com			Website	www.saavyr	naturals.com				
Years In Business	5		Averag	Average Ticket			Gross Annua	Gross Annual Sales 384,000.00				
Do you currently h	ave cash	advance?	– No	Wi	th who? _			Baland	ce			
Current Credit Card Processor							Processing Vo					
Last Month Vol.		#(of Tickets			2nd Month Vol.		#of Tic	kets			
3rd Month Vol.		#0	of Tickets			4th Month Vol.		#of Tic	kets			
Owner #1 Name	Hugo Sa	avedra			Title	CEO						
Date of Birth	10/11/1949				SSN	077-48-23	339					
Full Home Address	10543 Andasol Avenue, Granada Hills, CA 91344											
Home Phone	(818) 62	26-9696	Cell Phone	(8	818) 585-3	815 Email	josep	h@saavynatura	ıls.com			
Own/Rent	\$ <u>0 Ow</u>	<u>/n</u>	Years There	10	D	rivers Lience #	N4246230	State	CA			
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Phone	_		Email						
Own/Rent	\$		Years There		D	rivers Lience # _		State				
Business Home Bas	sed?	No Loc	cation: Lease/	Own	Leased	Lease Ter	m	Monthly	y Rent			
Landlord / Mortgag	e Co.	SHM Holding				Conta	act	John Radd				
Contact Phone	_	(818) 968-293	80	Cell	_		Ema	il				
Bank Name/Branch US Bank C				tact	Irena		Phone	(818) 428-	6970			
Trade Reference#1 Norman Fox			Con	tact	Linda Ki	llian	 Phone	(800) 632-	1777			
Trade Reference#2 All About Printing			Con	tact	Barry Sh	napiro	Phone	(818) 998-	8600			
Trade Reference#3	Ross C	Organics	Con	tact	Linda Sc	cooler	Phone	(562) 236-	5700			
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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 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	Hugo Saavedra	Date	04/23/2018
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