

DBA Name	Matthews Insurance and Associates		Legal Name	Matthews Insurance and Associates	
Type of Business	Insurance		Tax ID	81-2594453	LLC
Full Business Address	7901 E Thomas ave #101				
Full Billing Address					
Phone at Location	(480) 820-5311		Best Phone	(208) 860-7895	Fax
Business Email	jmatthews6@allstate.com		Website		
Years In Business	9	Average Ticket		Gross Annual Sales	408,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		# of Tickets		2nd Month Vol.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	James Matthews		Title	Owner	
Date of Birth	03/11/1975		SSN	518-90-7678	
Full Home Address	3031 e regina st mesa, az 85213				
Home Phone	(208) 860-7895	Cell Phone	(208) 860-7895	Email	jmatthews6@allstate.com
Own/Rent	\$ 0 Own	Years There		Drivers Lience #	D09743704
				State	az
<b>Owner #2 Name</b>			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.	Arizona Partners			Contact	480-368-0111		
Contact Phone		Cell		Email			

Bank Name/Branch		Contact		Phone	
Trade Reference#1	Insurance	Contact	Jim Durham	Phone	(623) 533-1620
Trade Reference#2	Insurance	Contact	Scott Bowen	Phone	(208) 522-5554
Trade Reference#3	Flooring	Contact	Pratt Matthews	Phone	(208) 602-5771

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

James Matthews

Date

10/25/2016