

DBA Name		n/a			Le	egal Name	TEXT4TECH I	LC	
Type of Business Busines		siness Services		т	ax ID	84-2816747		LLC	
Full Business Addre	SS	15260 V	entura Blv	d Ste 1200 S	Sherman O	aks, CA 91403			
Full Billing Address									
Phone at Location		(888) 8	88-8150			Best Phone (424	1) 368-0000	Fax	
Business Email		text4te	ch1@gma	il.com		Website	n/a		
Years In Business		1		Average Tic	ket		Gross Annual	Sales <u>360,000</u> .	00
Do you currently ha	ave cas	sh advance?		No V	Vith who? _			Balance	
Current Credit Card	d Proce	ssor				_ Average	e Processing Vol	ume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	CHRIS	TIAN SHORTE	R		Title				
Date of Birth	02-19-				SSN	129-78-2	840		
Full Home Address	6530 9	SEPULVEDA B	LVD UNIT 2	01, VAN NUYS					
Home Phone	(818)	212-6118	Cell P	none	(818) 212-6	5118 Email	christia	anshorter1@gmail.con	n
Own/Rent	\$ <u>0 R</u>	ent	_ Years	There 5		rivers Lience # _ F	6931333	StateCA	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					331				
Home Phone			Cell P	none		Email			
Own/Rent	\$			There		Privers Lience #		State	
			_	_		-			
Business Home Bas	ed? _	No	_Location:	Lease/Own	Leased	Lease Ter	m 2 YEARS	Monthly Rent	1,000.00
Landlord / Mortgage	e Co.	ALLIANCE				Cont	act	JUAN HILARIO	
Contact Phone		(949) 313-	3409	Cell	l <u>(9</u>	949) 313-3409	Email		
Bank Name/Branch	BOFA	١		Contact			Phone		
Trade Reference#1				Contact			 Phone		
Trade Reference#2	-			Contact			 Phone		
Trade Reference#3				Contact			Phone		
I hereby represent that all	the above	e information is	true and un	derstand that ma	aking false sta	itements might be co	nsidered fraud. By pr	oviding the above inform	ation, the applicant(s)

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	CHRISTIAN SHORTER	Date	01/14/2020