

DBA Name		clear shield concepts		Legal Name		clear shield concepts		
Type of Business		automotive vendor		T	Tax ID			Sole Prop
Full Business Addre	SS	21 sorrel lake	forest, ca 9263	0				
Full Billing Address								
Phone at Location		(603) 674-7433			Best Phone (603) 674-7433	Fax	
Business Email		aaron@clearshieldconcepts.c		com	om Website		www.clearshieldconcepts.com	
Years In Business	<u>5</u> Averag		Average Ti	Ticket		Gross Annual Sales 800,000.00		
Do you currently ha	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card Processor		or			Average	Processing Vo	lume	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		_ #of Tickets	
Owner #1 Name	aaron fra:			Title _				
Date of Birth	10-10-19			SSN –	002-70-43	339		
Full Home Address		lake forest, ca 9		(600) 674				
Home Phone	(603) 674		Cell Phone	(603) 674-7			er6@live.com	
Own/Rent	\$ 0 Rent	<u> </u>	Years There <u>6</u>	mos D	rivers Lience # $\frac{Y}{x}$	8322766	Stateca	
Owner #2 Name				Title				
Date of Birth				_ SSN				
Full Home Address								
Home Phone		(Cell Phone		Email			
Own/Rent	\$		Years There		rivers Lience #		State	
	Ψ <u></u>							
Business Home Bas	ed?	Yes Loca	tion: Lease/Owi	n <u>Leased</u>	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co. <u>Ji</u>	an Wii			Conta	act		
Contact Phone	_		Ce	ell _		Emai	l	
Bank Name/Branch	chase		Contact	: n/a		Phone		
Trade Reference#1	matrix f	films	Contact	:		Phone	(508) 474-6002	
Trade Reference#2	aerotec	t films	Contact			 Phone	(626) 536-1846	
Trade Reference#3			Contact			 Phone		
I hereby represent that all	the above in	formation is true a	nd understand that r	making false sta	tements might he con	sidered fraud. By n	roviding the above information	on 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 !/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. !/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	aaron frazier	Date	11/08/2019