

DBA Name		TD Ship	pers LLC		Le	gal Name	TI	D SHIPPERS				
Type of Business		Tropical	Distribut	ors	Ta	x ID	82	22043771			LI	LC
Full Business Addre	SS	9893 SW	118 PL									
Full Billing Address												
Phone at Location (863			(863) 899-4060			Best Phone (863)			Fax			
Business Email phil@		phil@tds	shippers.	com	Website		w	www.tropicalshipping.com				
Years In Business	11			Average Tick	ket		Gr	oss Annual	Sales	525,000.0	00	
Do you currently ha	ave cash	advance?		Yes W	ith who? _				_ Ba	lance <u>20,5</u> 0	00.00	
Current Credit Card	d Processo	or				Aver	age Pro	cessing Vol	ume			
Last Month Vol.			#of Tick	ets		2nd Month \	/ol		#o	f Tickets		
3rd Month Vol.			#of Tick	ets		4th Month V	′ol		#o	f Tickets		_
Owner #1 Name	Philip Wil	mot			Title	Owne	r					
Date of Birth	07-02-1958				SSN		8-9559					—
Full Home Address	9893 SW 118 PL, Miami										_	
Home Phone	(863) 899	9-4060	Cell P	none	(863) 899-40	060 Email		phil@t	dshippers	.com		
Own/Rent	\$ 0 Rent Years There 3			There 3								
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell P	none _		Email						
Own/Rent	\$		_ Years	There	Dr	ivers Lience #	<u> </u>		State			
Business Home Bas	ed?	Yes	Location:	Lease/Own	Leased	Lease	Term		Moi	nthly Rent	1,950.00	
Landlord / Mortgage	e Co. <u>M</u>	1arlon Pas	quier			C	ontact		Marlon	Pasquier		
Contact Phone	_			. Cell				Email	-			
Bank Name/Branch	TD BAN	K		Contact				Phone	(180) (93-7200		
Trade Reference#1	Homede	epot		Contact				Phone				
Trade Reference#2	ECO Wi	ndows		Contact				Phone				_
Trade Reference#3	ETO Do	or		Contact				Phone				_
I hereby represent that all	the above in	formation is	true and un	derstand that ma	king false state	ements might be	e consider	ed fraud. By pr	oviding the	above informa	tion, the applicar	nt(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.

works bliefet and to each of the Necipients, on its own behalf.									
Signature#1		Printed Name	Philip Wilmot	Date	01/07/2019				