

DBA Name		Ss show ju	ımping stables	Le	egal Name	Ss show jumping	stables	
Type of Business		Equestriar	n services	T	ax ID	475395404		Corp
Full Business Addre	ss	16883deer _l	path Ln wellintor	ng fl 33470				
Full Billing Address								
Phone at Location		(305) 815-7725			Best Phone		Fax	
Business Email					Website			
Years In Business		4	Average	Ticket		Gross Annual Sale	s <u>250,000.00</u>	
Do you currently h	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card Processor		or			Average	Processing Volume		
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Andres Sc	oto		Title	President			
Date of Birth	21041982	2		— SSN	834-25-57	55		
Full Home Address	16883 deerpath In wellington fl 33479			<u> </u>				
Home Phone	(305) 815	-7724	Cell Phone		Email	andreashors	ses@gmail.com	
Own/Rent	\$ 0 Own	n Years There		D	rivers Lience #	State		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone –		Email			
Own/Rent	\$		Years There	D	rivers Lience #	St	tate	
Business Home Bas	ed?	No Lo	ocation: Lease/O	wn <u>Leased</u>	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta			
Contact Phone				Cell _		Email		
Bank Name/Branch	Bank of	america	Conta	ct		Phone		
Trade Reference#1	_		Conta	ct		Phone		
Trade Reference#2			Conta	ct		Phone		
Trade Reference#3			Conta	ct		Phone		
I hereby represent that all	the above inf	formation is tru	e and understand tha	at making false sta	tements might he cons	sidered fraud. By providin	g the above information t	he annlicant(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	Andres Soto	Date	10/30/2019