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DBA Name		JSH INSURANCE AGENCY LLC			egal Name	JSH INSURANCE AGENCY				
Type of Business		INSURANCE		Ti	ax ID	47-3103867		Corp		
Full Business Addre	SS	5064 TARA D	RIVE							
Full Billing Address										
Phone at Location		(540) 898-1951		E	Best Phone (540)	898-1951 Fax		(540) 898-1951		
Business Email		JSHAGENT99@GMAIL.COM			Website	JEFFHASSO.COM				
Years In Business 3		Average Ticket _			Gross Annual Sales 500,000.00		0,000.00			
Do you currently ha	ave cash	advance?	No V	Vith who? _			Balanc	e		
Current Credit Card	or			Average Processing Volume						
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tick	cets		
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tick	cets		
Owner #1 Name	JEFF HAS	SO.		Title	OWNER/CE	-O				
Date of Birth	08/09/19			SSN 162-58-78						
Full Home Address	5213 YELLOWBIRCH DRIVE FREDERICKSBURG VA 22407									
Home Phone	(610) 636-5078 Cell Phone (540) 898-1951 Email HARRYAPPLE@GMAIL.COM									
Own/Rent		\$ 0 Rent Years There 2						VIRGINIA		
					_					
Owner #2 Name				Title						
Date of Birth				SSN						
Full Home Address										
Home Phone		(Cell Phone		Email					
Own/Rent	\$		Years There	D	rivers Lience #		State			
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent										
Landlord / Mortgage	e Co. T	HERESA RITCH	IIE		 Conta	ct	703-499-37	53		
Contact Phone	-		Cell			Emai	l			
Bank Name/Branch WELLS FARGO Contact			REGIS R	OTHRAUFF	Phone	(540) 899-3	3167			
Trade Reference#1			 Contact			– Phone				
Trade Reference#2			Contact			– Phone				
Trade Reference#3			Contact			Phone				
I haveby represent that all	the shave in	formation is true o	nd understand that me	aldaa falaa ata		sidered froud. Dun	ravidina tha abau	information, 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 JEFF HASSO Date 11/15/20	Signature#1	Printed Name	JEFF HASSO		11/15/2017
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