

DBA Name Storm fitness Legal Name Storm fitness IC							Ci c	. "		
Full Business Address Full Billing Address Phone at Location Business Email Stormfitnesslic@gmail.com Website Stormfitnesslic.com Years In Business 1.5	DBA Name		_					-		
Full Billing Address Phone at Location Stormfitness C@gmail.com Website Stormfitness C.com		_				ax ID	810/484	135		Corp
Phone at Location		ss <u>27</u>	259 joy rd dearl	oorn heights	s mi 48127					
StormfitnessIIC.com	_		242) 206 5070		_		2) 226 527			
No										
Do you currently have cash advance?						Website		-		
Last Month Vol.	Years In Business	1.5	<u> </u>	_					100,000.00	
Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Sahar Alsaid Title Ceo Date of Birth 04/15/1992 \$SSN 365-29-2035 Full Home Address 5732 n charlesworth st dearborn heights mi 48127 Home Phone (313) 286-5070 Cell Phone (313) 627-3971 Email \$stormfitnesslic@gmail.com Own/Rent \$ 0 Rent Years There Drivers Lience # A 423758327293 State Michigan Own/Rent #2 Name Title \$SSN \$SSN <td< td=""><td>Do you currently ha</td><td>ave cash adv</td><td>rance?</td><td>No '</td><td>With who? _</td><td></td><td></td><td> Bal</td><td>ance</td><td></td></td<>	Do you currently ha	ave cash adv	rance?	No '	With who? _			Bal	ance	
Owner #1 Name Sahar Alsaid Title Ceo Date of Birth 04/15/1992 SSN 365-29-2035 Full Home Address 5732 n charlesworth st dearborn heights mi 48127 Home Phone (313) 286-5070 Cell Phone (313) 627-3971 Email stormfittvesslic@gmail.com Own/Rent \$ 0 Rent Years There Drivers Lience # A 423758327293 State Michigan Owner #2 Name Title SSN Title Wichigan Date of Birth SSN SSN SSN SSN Home Phone Cell Phone Email State Michigan Own/Rent \$ Years There Drivers Lience # State State State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Contact Email Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone Trade Reference#2 Contact Phone	Current Credit Card	l Processor				Averag	je Processin	g Volume		
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Date of Birth O4/15/1992 SSN 365-29-2035	3rd Month Vol.		#of Tick	ets		4th Month Vol		#of	Tickets	
Full Home Address S732 n charlesworth st dearborn heights mi 48127 Email Stormfitnesslic@gmail.com	Owner #1 Name	Sahar Alsaid			Title	Ceo				
Home Phone	Date of Birth				- SSN	365-29-2	2035			
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Bank Name/Branch Contact Phone Trade Reference#1 Contact Phone Trade Reference#2 Contact Phone	Landlord / Mortgage	e Co				Con	tact			
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Trade Reference#2 Contact Phone	Bank Name/Branch			Contact			Phor	ie		
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Trade Reference#3 Contact Phone	Trade Reference#2	-		- Contact			 Phor			
	Trade Reference#3			- Contact			Phor	ne		

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	Sahar Alsaid	Date	04/08/2017