MoneyWorks > Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.580	09
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DBA Name	Get-M	Get-M-Tight LLC Legal Name		Get- M-Tight LLC					
Type of Business	fitness	s/wellness		Tax ID		27-3939626			LLC
Full Business Addre	ss 1911 S	outhwood Ct	Bowie MD 2	20721					
Full Billing Address									
Phone at Location	(301)	395-4634		Best	Phone	_	Fax		
Business Email					Website	www.getemtig	ht.com		
Years In Business	10	A	verage Tick	et		Gross Annual S	ales	205,000.00	
Do you currently ha	ave cash advance	e?	Yes	With	who?			Balance 38	3,000.00
Current Credit Card	l Processor	_			Average	Processing Volu	me		
Last Month Vol.		#of Ticket	s	2nd	l Month Vol.		#of	Tickets	
3rd Month Vol.		#of Ticket	s	4th Month Vol.		#of Tickets			
Owner #1 Name	Richard Gartmon			Title	CEO				
Date of Birth	09-24-1964 SSN 579-82-4739								
Full Home Address	11401 Canterbury	CT Bowie MD	20721						
Home Phone	(301) 395-4634	Cell Pho	ne <u>(</u>	301) 395-4634	Email	rich@ge	temtight.	.com	
Own/Rent	\$ 0 Rent	Years T	here 8	Driver	s Lience # <u>G</u>	-635-738-488-739	_State	Maryland	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell Pho	_		Email				
Own/Rent	\$	Years T	here	Driver	s Lience #		State	-	
Business Home Base	ed? No	Location: L	ease/Own	Leased	Lease Terr	n	Mon	thly Rent	
Landlord / Mortgage	e Co.				Conta	nct <u>l</u>	Monique	Griffiths	
Contact Phone			Cell	(301)	526-0826	Email	<u>m</u>	nonidiva77@gr	mail.com
Bank Name/Branch	Citi Bank/ Mitch	ellville MD	Contact			Phone	(301) 2	18-5512	
Trade Reference#1	Client		Contact	Robin Willia	ms	Phone	(202) 2	71-7221	
Trade Reference#2	client		Contact	Anita Walls		Phone	(301) 9	38-4735	
Trade Reference#3	Your Health Ma	gazine	Contact	Pricilla		Phone	(410) 2	12-7001	

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 N		Date 07/21/2016
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