

DBA Name		Spain International Fitness Training LLC				Legal Name –		Spain International Fitness Training LLC			
Type of Business		Sports Medicine and Pain Rehabilitation				Tax ID		81-4839866			LLC
Full Business Address		400 N. Saint Paul St, Dallas Tx 75201									
Full Billing Address											
Phone at Location		(214) 458-0760				Best Phone (469)		348-4196 Fax (46		(469)	904-2740
Business Email		earlspain@siftfit.com				Website		www.siftfit.com			
Years In Business		7 Average Tick			et _			Gross Annual Sales 58,000.0		58,000.00	
Do you currently ha	ave cash	advance?	N	o W	ith who?				Ba	lance	
Current Credit Card	or	_				Average	Processing \	olume/			
Last Month Vol.			#of Tickets	5		2n	d Month Vol.		#of	Tickets	
3rd Month Vol.		#of Tickets			4th Month Vol.				#of Tickets		
Owner #1 Name	Dennis S	pain			Tit	:le	Owner				
Date of Birth	06-14-19	)6-14-1983			SSN 254-47-5866			66			
Full Home Address	2811 N. F	2811 N. Peak St									
Home Phone	(469) 348	3-4196	ne	(469) 348	-4196	Email	earl	spain@siftfit.	com		
Own/Rent	\$ <u>0</u> Owr	1	— Years Th	nere <u>6 ye</u>	ears	Drive	rs Lience # 19	9173151	State	Tx	
Owner #2 Name					Tit	:le					
Date of Birth					SS	SN					
Full Home Address			C !! P!				- "				
Home Phone		Cell Phon				Data	Email		Chaha		
Own/Rent	\$		Years Th	nere		Drivei	rs Lience #		State		
Business Home Bas	ed?	No L	ocation: L	ease/Own	Lease	ed	Lease Terr	n <u>1.3</u>	Mon	thly Rent	5,712.00
Landlord / Mortgage	e Co. <u>H</u>	lenry Grou	р				Conta	ct	Victoria	Henry	
Contact Phone	<u>(</u> !	903) 453-7	612	Cell	-	(903)	453-7612	_ Em	ail _		
Bank Name/Branch	Navy Fe Union	ederal Cred	lit	Contact				Phone	(888)	342-6328	
Trade Reference#1	Patricia	Arps		Contact	Cell			— Phone	(214) 6	36-2698	
Trade Reference#2	Denielle	enielle McVey			Cell			— Phone	(214) 2	205-8915	
Trade Reference#3	Amira A	Allen		Contact	Cell			— Phone	(469) 4	108-3886	

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 Dennis Spain Date 08/04/2017