

DBA Name	Shauna Roberts LMFT a Professional Corporation		Legal Name	Shauna Roberts LMFT a Professional Corporation	
Type of Business	Healthcare/Mental Health Services		Tax ID	462588710	Corp
Full Business Address	1544 Eureka Rd Suite 100 Roseville,ca				
Full Billing Address					
Phone at Location	(916) 797-3344		Best Phone	(925) 595-4994	Fax
Business Email	Shauna@bridgescounselingcenter.com		Website	Www.bridgescounselingcenter.com	
Years In Business	4	Average Ticket		Gross Annual Sales	150,000.00
Do you currently have cash advance?	Yes	With who?	Loan Me, Swift		Balance 18,000
Current Credit Card Processor			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	Shauna Roberts		Title	Ceo	
Date of Birth	05/12/1970		SSN	650-02-2958	
Full Home Address	11138 Pekolee Dr				
Home Phone	(925) 595-4994	Cell Phone		Email	shauna@bridgescounselingcenter.com
Own/Rent	\$ 0 Own	Years There	10	Drivers Lience #	C6435281
				State	Ca
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	2 years	Monthly Rent	1,260.00
Landlord / Mortgage Co.	Bridges Counseling Center			Contact	Shelly Aldrich		
Contact Phone	(916) 300-5548	Cell	(916) 300-5548	Email			

Bank Name/Branch	Chase, Lincoln, CA	Contact	Manager	Phone	(916) 408-5870
Trade Reference#1	Tony Overbay- Colleague	Contact	Tony Overbay	Phone	(916) 412-0513
Trade Reference#2	Lexi Crump-Marketing	Contact	Alexis Crump	Phone	(916) 612-1011
Trade Reference#3		Contact		Phone	

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 pertinent 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 owneet/officer (individually and collectively, "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 informaiton 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	Shauna Roberts	Date	08/08/2017
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