

DBA Name		Station	Atheltivs		Le	gal Name	The Active	life AC	
Type of Business		Fitness	Studios		Ta	x ID	474685610		LLC
Full Business Addre	ess	38 STAT	ON RD un	it 2 sparta N	IJ 07871				
Full Billing Address									
Phone at Location		(908) 4	20-7682		В	est Phone (908) 420-7682	Fax	
Business Email		joe@sp	artastation	nathletics.co	m	Website	stationathle	etics.com	
Years In Business		5		Average Tic	ket		Gross Annua	al Sales <u>1,300,000</u>	.00
Do you currently ha	ave casl	h advance?		Yes V	Vith who? <u>fo</u>	ward line		Balance <u>5000</u>)
Current Credit Card	d Proces	ssor				Average	Processing Vo	olume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	Ino Pas	salaqua			Title	Founder/C	`FO		
Date of Birth	080219				SSN	149-88-66			
Full Home Address		side trail sp	arta NI 078	 71	JJN		, TO		
Home Phone		20-7682	Cell Pl		(908) 420-76	582 Email	ine@	spartastationathletics.co	m
Own/Rent	\$ 0 0			There 1			076441085088	•	
Ownyntent	ψ <u>σσι</u>		_ 10013	<u> 1</u>		ivers lience # p	070441003000	o4 State new je	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	none		Email			
Own/Rent	\$		Years	There	Dr	ivers Lience #		State	
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgage	—— e Co.	KIIC LLC				 Conta	act	texflex tracy burkus	
Contact Phone		(973) 300-	9242	Cell			_ Email	Tracy.Burckes	@techflex.com
Bank Name/Branch	chase			Contact	Nina		Phone	(973) 729-6738	
Trade Reference#1		a livina		Contact	Emily Kon	dos	- Phone	(973) 919-5938	
Trade Reference#2				Contact	Nick Zerb		- Phone	(973) 864-0439	
Trade Reference#3				Contact	Rob Higgi		- Phone	(201) 919-1934	
			true and und				_	providing the above informat	ion, 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Joe Passalaqua	Date	01/10/2019