

DBA Name		warm springs automotive			Legal Name		warm springs automotive		
Type of Business		automotive			_Tax ID		47-3517835		LLC
Full Business Addre	:SS	429 Williamspo	ort Pike						
Full Billing Address									
Phone at Location		(304) 279-1949			Best Phone <u>(304)</u>		279-1949	Fax	(888) 851-1416
Business Email		warmspringsautorepair@gmail.com		mail.com	Website				
Years In Business		4 Average Ticl		Ticket	ket		Gross Annual Sales 167,000.00		57,000.00
Do you currently ha	ave cash a	advance?	No	With who	?			_ Baland	ce
Current Credit Card	d Processo	or				Average	Processing Vol	lume	
Last Month Vol.		#of T	ickets _		2nd	d Month Vol.		#of Tic	kets
3rd Month Vol.		#of T	ickets _		4th	n Month Vol.		#of Tic	kets
Owner #1 Name	Paul Land	on		Ti	tle	owner			
Date of Birth	02/20/1966			SSN 212-20-314		.46			
Full Home Address	13903 Ba	ck Creek Valley R							
Home Phone	(304) 205	-0845 Ce	ell Phone	(304) 279	9-1949	Email	warms	springsautorep	air@gmail.com
Own/Rent	\$ <u>0 Own</u>	Ye	ears There	6	_Driver	rs Lience # <u>E</u>	837571	State	West Virginia
Owner #2 Name				Ti	tle				
Date of Birth					SN				
Full Home Address				_					
Home Phone		Ce	ell Phone			Email			
Own/Rent	\$	Ye	ears There		Driver	 rs Lience #		State	
					_				
Business Home Bas	sed?	No Locat	on: Lease/O	wn <u>Own</u> e	ed	Lease Teri	m	Monthly	y Rent
Landlord / Mortgage	e Co				-	Conta	act		
Contact Phone	_			Cell			Emai	l	
Bank Name/Branch	united b	oank	Conta	ct _			Phone	(304) 267-	0550
Trade Reference#1	_		 Conta	ct			— Phone	_	
Trade Reference#2			 Conta	ct			— Phone		
Trade Reference#3			Conta	ct			Phone		
I hereby represent that all	the above inf	formation is true and	d understand tha	t making false	stateme	nts might be con	sidered fraud. By p	roviding the abov	ve information, 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 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	Paul Landon	Date	02/03/2017
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