

DBA Name		eShop Auto Ce	enter	Le	egal Name	eShop Auto	Center	
Type of Business				Tax ID		81-2906187		Corp
Full Business Addre	SS	14805 Devonsh	ire St Mission Hi	 ills, CA 913	345			
Full Billing Address	•							
Phone at Location		(818) 651-569	9	Best Phone			Fax	
Business Email		eshopautocen	ter@gmail.com		Website			
Years In Business		3.5	Average Tick	cet		Gross Annua	l Sales <u>0.00</u>	
Do you currently ha	ave cash a	advance?	Yes W	ith who? _			Balance	
Current Credit Card Processor					Average	Processing Vo	lume	
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Edward Es			Title		7.0		
Date of Birth Full Home Address	4/14/1981 646 Hollister St San Fernando Ca 91340		SSN	SSN 605-82-0976				
Home Phone					Email	ichan	pas@moneyworksdirect.com	
	\$ 0 Own	(818) 651-5699 Cell Phone				State		
Own/Rent	\$ O OWII		ears There		rivers Lience #			_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone		Email			
Own/Rent	\$	Ye	ears There	D	rivers Lience #		State	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	 e Co				 Conta			
Contact Phone			Cell	_		Ema	il	
Bank Name/Branch	Citi Ban	k	Contact	Elaine		Phone	(818) 780-1000	
Trade Reference#1			 Contact			— Phone		
Trade Reference#2			 Contact			— Phone		
Trade Reference#3			Contact			 Phone		
I hereby represent that all	the above inf	formation is true and	- I understand that ma	king false stat	tements might be cons	sidered fraud. By p	providing the above information, t	he 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	Edward Escobar	Date	01/28/2020
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