

DBA Name		American Family	y Fitness	Lo	egal Name	American Fam	ily Fitness	
Type of Business		Fitness		Tax ID		472624475		LLC
Full Business Address 407 HWY 90 Suite J Waveland MS 39576								
Full Billing Address								
Phone at Location (228) 363-4602			Best Phone (228	3) 363-1025	Fax			
Business Email		americanfamily	fitnesscc@gr	nail.com	Website	None		
Years In Business		3	Average Ti	cket		Gross Annual S	Sales 120,000.00	
Do you currently ha	ave cash	advance?	No	With who? _			Balance	
Current Credit Card	d Process	sor			_ Average	Processing Volu	me	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	Ron Alex	cander		Title	President			
Date of Birth	08/11/34	1		_ SSN	385-28-1	613		
Full Home Address	1550 2n	d Pass Christian MS	39571					
Home Phone	(000) 00	0-0000 Cell	Phone	(228) 363-1	L025 Email	gulfcost	mktc@gmail.com	
Own/Rent	\$ <u>0 Ow</u>	n Yea	rs There		rivers Lience #		State	
Owner #2 Name				Title				
Date of Birth				_ SSN				
Full Home Address								
Home Phone		Cell Phone		Email				
Own/Rent	\$	Yea	rs There	D	rivers Lience # _		State	
Business Home Bas	sed?	No Location	n: Lease/Owr	n <u>Leased</u>	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co. <u>J</u>	ohn Neumeyer			Cont	act _		
Contact Phone			Ce	<u> </u>		Email		
Bank Name/Branch	Hanco Bank	ck and Peoples	Contac	:t		Phone		
Trade Reference#1			Contac	:t		Phone		
Trade Reference#2			Contac	:t		Phone		
Trade Reference#3			Contac	 :t		Phone		
authorize you to whom thi	is applicatio	n is made or your agen	its to investigate	my/our financi	al responsibility and	credit worthiness, spe	viding the above information cifically principal and corpor ptable for release of credit in	ate entities, and

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 Na	Date	12/13/2016