

DBA Name		none		Le	gal Name	Live Prospect	Leads LLC		
Type of Business		advertising				82-1685233		LLC	
Full Business Addre	ess	90 Camelia Ct						_	
Full Billing Address									
Phone at Location		(800) 515-4995			Best Phone (800) 515-4995 Fax (813) 702-1492			(813) 702-1492	
Business Email		pat@liveprospe	ectleads.net	Website		wwwliveprospectleads.com			
Years In Business	ears In Business 1		Average Tick	Average Ticket		Gross Annual Sales 100,000.00			
Do you currently h	ave cash a	advance?	No W	ith who? _			Balance	e	
Current Credit Card Processor					Average	Processing Vol	ume _		
Last Month Vol #of Ticl		ckets		2nd Month Vol.		#of Tick	ets		
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tick	ets	
Owner #1 Name	Patrizia G	lassey		Title	Owner				
Date of Birth	05-15-196			SSN 595-40-836		62			
Full Home Address	90 Camelia ct Oldsmar FL 34677								
Home Phone	(727) 484) 484-5384							
Own/Rent	\$ <u>0 Own</u>	vn Years There 16 Drivers Lience # G-420-660-60-675-2 State Florida					Florida		
Owner #2 Name				Title					
Date of Birth				SSN				_	
Full Home Address								_	
Home Phone		Cel	l Phone –		Email			_	
Own/Rent	\$	Yea	ars There	D	rivers Lience #		State		
Business Home Based? Yes Location: Lease/Own Owned Lease Term Monthly Rent									
Landlord / Mortgage Co. Quicken Contact Quicken									
Contact Phone	(8	355) 989-8388	Cell	(8	55) 989-8388	Email	pxgla	ssey@aol.com	
Bank Name/Branch PNC Bank/ Palm Harbor			Contact	Shelley	Саро	Phone	(727) 771-9	400	
Trade Reference#1 Secure Agent Mentor			 Contact	Cody As	kins	Phone	(417) 343-4	397	
Trade Reference#2 Live contact Leads		Contact	Michael	Bendet	Phone	(954) 274-6	615		
Trade Reference#3	lead Jen	ie	Contact	Charles	Glassey	Phone	(727) 727-4	843	
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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	Patrizia Glassey	Date	04/10/2018
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