

DBA Name	HEMISPHERE INS GROUP INC		Legal Name	HEMISPHERE INS GROUP INC	
Type of Business	INS AGENCY		Tax ID	900869737	Corp
Full Business Address	12350 SW 132 CT #107 MIAMI, FL 33186				
Full Billing Address					
Phone at Location	(305) 501-2801		Best Phone	(786) 218-2106	Fax
Business Email	HEMISPHEREINSGRP@AOL.COM		Website	HEMISPHEREINS.COM	
Years In Business	5	Average Ticket		Gross Annual Sales	5,000,000.00
Do you currently have cash advance?	Yes	With who?	BIZAMART		Balance 50,000 WOULD LKE TO PAY OFF
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
				#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.	
				#of Tickets	

<b>Owner #1 Name</b>	DOREEN DURAN		Title	OWNER	
Date of Birth	05/16/1963		SSN	666-66-6666	
Full Home Address	4634 SW 140 CT				
Home Phone	(305) 501-2801	Cell Phone	(786) 218-2106	Email	DDURAN37@AOL.COM
Own/Rent	\$ 0 Own	Years There		Drivers Lience #	State
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	WILL FOLLOW			Contact	
Contact Phone		Cell		Email	

Bank Name/Branch	CHASE BANK	Contact		Phone	
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		Phone	

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	DOREEN DURAN	Date	07/11/2017
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