

DBA Name		Gorins J	anitorial Se	ervices Inc	L	egal Name	G	orins Janitor	ial Service	s Inc	
Type of Business		cleaning			т	Tax ID		47-2713808			Corp
Full Business Addre	SS	1121 Per	rpignan ct l	kissimmee	fl 34759						
Full Billing Address											
Phone at Location		(407) 9	23-6259			Best Phone <u>(</u>	407) 75	6-2441	Fax	(407) 8	370-6389
Business Email		gloriaor	tizinc08@y	/ahoo.com		Website	_				
Years In Business		15		Average Ti	cket _		_ Gr	ross Annual S	Sales _	120,000.00	
Do you currently ha	ave cash	advance?	•	No	With who?				Bala	nce	
Current Credit Card	l Process	sor				Aver	age Pro	cessing Volu	ıme		
Last Month Vol.			#of Ticke	ts		2nd Month \	/ol		#of T	ickets	
3rd Month Vol.			#of Ticke	ts		4th Month \	/ol		#of T	ickets	
O #1 No	Gloria O	t.!_			T:11.						
Owner #1 Name	1606196				Title		r 9-6971				
Date of Birth Full Home Address			kissimmee fl	24750	SSN -		9-09/1				
					(407) 022 (C2E0		alorioor	tinin c00@v	ahaa sam	
Home Phone	(407) 92		Cell Ph		(407) 923-0				tizinc08@y		205.65.716.0
Own/Rent	\$ <u>0 Ow</u>	'n	_ Years ⁻	inere 40	17-923-0259	Drivers Lience	# 063	2-285-65-716-	State	0632-	285-65-716-0
Owner #2 Name					Title	2					
Date of Birth					- SSN						
Full Home Address					-						
Home Phone			Cell Ph	one		Email					
Own/Rent	\$		Years	There _		Drivers Lience #	ŧ		State		
Business Home Bas	ed?	No	Location:	Lease/Owr	o Owned	Lease	Term		Month	nly Rent	
Landlord / Mortgage	-	Owen	_			 C	ontact			,	
Contact Phone	_			Ce				Email			
	_				_						
Bank Name/Branch	Fairwir	nd credit u	ınion	Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all	the ahove i	nformation is	true and und	erstand that m	naking false et:	atements might h	e consider	ed fraud. By pro	viding the ah	ove information	n 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	Gloria Ortiz	Date	12/08/2016