

DBA Name		Gustavo Sugasti F	ast Deliverance	Le	gal Name	Gustavo Sugasti	Fast Deliverance	
Type of Business		Transportation		Tax ID		81 2224553		Corp
Full Business Address		316 WILSON ST						
Full Billing Address								
Phone at Location		(954) 505-6044		Best Phone (954) 505-6044 Fax				
Business Email		gymsugasti@gma	il.com		Website			
Years In Business		1	Average Ticket			Gross Annual Sal	es <u>12,000.00</u>	
Do you currently ha	ave cash	advance?	No With w	vho? _			Balance	
Current Credit Card	or			Average	Processing Volume	e		
Last Month Vol.		#of Ticke	ts		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ticke	ts		4th Month Vol.		#of Tickets	
Owner #1 Name	Gustavo			Title	owner			
Date of Birth	08-27-19			SSN	769-60-22	72		
Full Home Address	2032 Moi		(0.5.4)	F0F 6	044 5 "		NO mare II and	
Home Phone	(954) 50		· · ·	505-6			ti@gmail.com	
Own/Rent	\$ <u>0 Ren</u>	t Years	There <u>6 month</u>	Dr	rivers Lience # s2	223-280-62-307-0	State <u>Florida</u>	_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				-				
Home Phone		Cell Ph	one		Email			
Own/Rent	\$	Years	There	Dr	rivers Lience #		State	
Business Home Bas	ed?	No Location:	Lease/Own Le	eased	Lease Terr	n	Monthly Rent	1
Landlord / Mortgage		Location.	Lease/OWII Le	cuscu	Conta	-		
	_		C-II		Conta			
Contact Phone	_		Cell	_		Email		
Bank Name/Branch	Wells F Bank	Fargo and Suntrust	Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all authorize you to whom thi will provide financial state	s application	n is made or your agents	to investigate my/our	financia	al responsibility and cr	redit worthiness, specifi		te 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 Name	Gustavo Sugasti	Date	07/25/2016