

DBA Name		TD Shippers LLC		Legal Name		TD SHIPPIER	TD SHIPPIERS LLC	
Type of Business		Tropical Distributors		Tax ID		822043771		LLC
Full Business Addre	SS	9893 SW 11	8 PL					
Full Billing Address								
Phone at Location		(863) 899-4060		Best Phone (863		899-4060	Fax	
Business Email		phil@tdshippers.com		Website		www.tropicalshipping.com		
Years In Business	siness <u>11</u>		Average T	cket		Gross Annual Sales <u>450,000.00</u>		
Do you currently ha	eve cash	advance?	Yes	With who? MU	LLIGAN		Balance <u>3340</u>	0
Current Credit Card	or			Average	Processing Vo	lume		
Last Month Vol.	Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#0	of Tickets	4	th Month Vol.		_ #of Tickets	
Owner #1 Name	Philip Wil	mot		Title	Owner			
Date of Birth	07-02-1958			— SSN	5c3-58-955	 59		
Full Home Address	9893 SW	118 PL, Miami		_				
Home Phone	(863) 899	9-4060	Cell Phone	(863) 899-406	0 Email	phil@t	tdshippers.com	
Own/Rent	\$ 0 Ren	t	Years There 3	B Drive	ers Lience # w	452-661-58-242	-0 State FL	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$ Own		Years There _	Drive	ers Lience #		State	
Business Home Bas	ed?	Yes Loc	cation: Lease/Ow	n <u>Leased</u>	Lease Tern	n	Monthly Rent	1,950.00
Landlord / Mortgage	e Co. <u>M</u>	larlon Pasqui	er		Conta	ct	Marlon Pasquier	
Contact Phone	_		C	ell		_ Emai	I	
Bank Name/Branch	TD BAN	K	Contac	t		Phone	(800) 937-2000	
Trade Reference#1 Homedepot		Contac	t		 Phone			
Trade Reference#2	ECO Wi	ndows	Contac	t		– Phone		
Trade Reference#3	ETO Do	or	Contac	t		– Phone		
I hereby represent that all	the above in	formation is true	and understand that	making false statem	nents might be cons	sidered fraud. By p	roviding the above informa	ation, 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	Philip Wilmot	Date	01/07/2019
	-		-	