

Type of Business Retail On Line Health Supplements Tax ID 32-0417710 LLC	DBA Name		Full Throttle Grou	0	Legal Name	Isla LL0		a Division of Full Throttle	Group
Full Billing Address Phone at Location (888) 340-5650 Best Phone (888) 340-5650 Fax Business Email office@islandsmiracle.com Website www.islandsmiracle.com Years In Business 3 Average Ticket Gross Annual Sales 3,543,955.23 Do you currently have cash advance? Yes With who? Biz Fi Balance 111370.00 Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Michael York Title President Processing Volume Use of Birth 33/04/1970 SSN 601-18-6560 Full Home Address 3479 E Lowell Avenue Home Phone (520) 245-6980 Email gdholman@gmail.com Own/Rent \$ 0 0wn Years There 3 Drivers Lience # D00918532 State Arizona Own/Rent	Type of Business		Retail On Line Health Supplements		Tax ID	3	32-0417710		LLC
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Business Email Office@islandsmiracle.com Website www.islandsmiracle.com	Full Billing Address								
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Landlard / Mortgago Co. Quogan II C. Contact Shawn Eicher	Business Home Bas	ed?	No Location:	Lease/Own Le	eased Lease	Term		Monthly Rent	
Landiord / Mortgage Co. Quogen, LLC Contact Shawn risher	Landlord / Mortgage	e Co. <u>Q</u>	uogen, LLC		C	ontact	<u>S</u>	hawn Fisher	
Contact Phone (602) 615-0100 Cell Email	Contact Phone	<u>(6</u>	502) 615-0100	Cell			Email		
Bank Name/Branch Chase Contact Nicholas Ingrahm Phone (480) 495-6598	Bank Name/Branch	Chase		Contact N	licholas Ingrahm		Phone	(480) 495-6598	
Trade Reference#1 Private Label Supplements Contact Jacob Weaver Phone (405) 378-4766			Contact Ja	Jacob Weaver		Phone	(405) 378-4766		
Trade Reference#2 Lab Genie Contact Dr Jeffrey Hendricks Phone (864) 609-4810	Trade Reference#2 Lab Genie		Contact D	Or Jeffrey Hendricks		Phone	(864) 609-4810		
Trade Reference#3 American Express Contact Leseandra Roston Phone (623) 492-7963	Trade Reference#3 American Express			Contact L	Leseandra Roston		Phone	(623) 492-7963	

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	Michael York	Date	05/10/2017
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