

DBA Name		tire outlet	new and used	L	egal Name	florida wholesla	ale export	and import inc	
Type of Business		tiers		T	ax ID	58-8017053247-8		<u> </u>	Corp
Full Business Addre	SS	5495 south	orange blossom	n trial					
Full Billing Address									
Phone at Location		(407) 267	<b>'-0666</b>		Best Phone		Fax		
Business Email		anaszabe	n@gmail.com		Website				
Years In Business		.8	Average	Ticket		Gross Annual Sa	ales <u>30</u>	0,000.00	
Do you currently ha	ave cash	advance?	No	With who?			Balan	ce	
Current Credit Card Processor					Average	Processing Volur	ne		
Last Month Vol.			of Tickets		2nd Month Vol.		#of Tic	kets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tic	kets	
Owner #1 Name	المامة مارس	l-		Title					
	rula tahk			Title					
Date of Birth Full Home Address	06/03/1977 SSN 229-35-8935 3536 millenia blyd orlando florida 32839								
					Fil	22222	an a amail a		
Home Phone	(407) 888-9918 Cell Phone				Email		en@gmail.c		
Own/Rent	\$ <u>0 Rer</u>	<u> </u>	Years There	1	Privers Lience # A	61282208	_State	virginia	
Owner #2 Name				Title	1				
Date of Birth				SSN	- 				
Full Home Address					-				
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There		Drivers Lience #		_State		
Business Home Bas	ed?	No Lo	ocation: Lease/O	wn Leased	Lease Teri	m	Monthl	v Rent	
Landlord / Mortgage		a.j usa			Conta	-			
Contact Phone	_	,		Call		_			
Contact Phone	_			Cell		Email			
Bank Name/Branch			Conta	ict		Phone			
Trade Reference#1			Conta	ict		Phone			
Trade Reference#2			Conta	nct		Phone			
Trade Reference#3			Conta	nct		Phone			
I hereby represent that all	the above i	nformation is tri	ue and understand the	at making false sta	atements might be con	sidered fraud. By prov	iding the abo	ve information, the	annlicant(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 Pri	inted Name	rula tahboub	Date	03/10/2017
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