

DBA Name	Organix Pet Solutions	Legal Name	Organix Pet Solutions	
Type of Business	Product Manufacturer	Tax ID	595609421	Sole Prop
Full Business Address	13245 Atlantic Blvd 4-270			
Full Billing Address				
Phone at Location	(904) 962-1404	Best Phone		Fax (888) 448-6606
Business Email	sales@organixpetsolutions.com	Website	www.organixpetsolutions.com	
Years In Business	1	Average Ticket		Gross Annual Sales 220,000.00
Do you currently have cash advance?	No	With who?		Balance
Current Credit Card Processor		Average Processing Volume		
Last Month Vol.		#of Tickets	2nd Month Vol.	#of Tickets
3rd Month Vol.		#of Tickets	4th Month Vol.	#of Tickets

Owner #1 Name	Benjamin Thigpen		Title	President
Date of Birth	01-21-1978		SSN	595-60-9421
Full Home Address	463063 State Rd 200 #11			
Home Phone	(904) 962-1404	Cell Phone		Email sales@organixpetsolutions.com
Own/Rent	\$ 0 Own	Years There	3	Drivers Lience # t215072780210 State Florida
Owner #2 Name			Title	
Date of Birth			SSN	
Full Home Address				
Home Phone		Cell Phone		Email
Own/Rent	\$	Years There		Drivers Lience # State

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term		Monthly Rent
Landlord / Mortgage Co.				Contact		
Contact Phone		Cell		Email		

Bank Name/Branch	Wells Fargo NA	Contact		Phone	(904) 367-5498
Trade Reference#1	Pro Pet Distributors	Contact	John Allen	Phone	(407) 240-0953
Trade Reference#2	Advansys Marketing Group	Contact	Nathan Elliott	Phone	(888) 947-7767
Trade Reference#3	GBS USA	Contact	Brad Weeks	Phone	(888) 427-8607

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Benjamin Thigpen	Date	09/16/2016
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