

DBA Name		Monica Maldonado				Legal Name			MG Motorcycle Gear			
Type of Business		Retail			7	Tax ID			47-4655740			Sole Prop
Full Business Addre	SS	500 Plaza	Dr.									
Full Billing Address												
Phone at Location	(565) 84	(565) 843-5593				Best Phone (562)		7701	Fax			
Business Email	mgmotor	mgmotorcyclegear@gmai			il.com		mg	mgmotorcyclegear.com				
Years In Business		5		Average T	icket _			Gros	ss Annual	Sales	350,000.0	00
Do you currently ha	ave cash	n advance?		No	With who?	_				Ba	lance	
Current Credit Card Processor							Average	e Proce	essing Vol	ume		
Last Month Vol.			#of Tick	ets		2	2nd Month Vol.			#of	Tickets	
3rd Month Vol.			#of Tick	ets			4th Month Vol.	·		#of	Tickets	
Owner #1 Name	Monica	Maldonado			Titl —	le	owner					
Date of Birth	05/04/1	976			SSI —	N	565-45-5 ————	312				
Full Home Address	15910 (Orizaba Ave.										
Home Phone	(562) 8	43-5593	Cell P	hone	(562) 454-	-77	01 Email		kittyma	aldy@gma	il.com	
Own/Rent	\$ <u>0 Ov</u>	vn	Years	There 2	28	Dri	ivers Lience # _	B41097	44	State	Califo	ornia
Owner #2 Name					Titl	ام						
Date of Birth					– SSI							
Full Home Address					_	IN						
Home Phone			Cell P	hone			Email					
Own/Rent	\$		_	There		Dri	ivers Lience #		-	State		
OWN/Rent	Ψ <u></u>		Tears	There _		ווט	-					
Business Home Bas	ed?	No L	ocation	Lease/Ow	n <u>Lease</u>	d	Lease Ter	rm	2 years	Mon	thly Rent	2,000.00
Landlord / Mortgage	e Co.	Plaza West	Covina				Cont	tact		Laura		
Contact Phone		(626) 960-8	032	_ C	ell _				Email	_		
Bank Name/Branch	Wells	Fargo		Contac	t				Phone			
Trade Reference#1				Contac	 t				Phone			
Trade Reference#2				- Contac	 t				Phone			
Trade Reference#3				Contac					Phone			
I hereby represent that all	the above	information is to	rue and un	derstand that	making false st	tate	ements might be co	nsidered	fraud. By pr	oviding 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	Monica Maldonado	Date	11/18/2016