

DBA Name		Santos delivery solutions			Legal Name		Sar	Santos delivery solutions llc				
Type of Business		Logistics			Tax ID		45-	45-5138270			LLC	
Full Business Addre	SS	953 ASH	LEY AVE									
Full Billing Address												
Phone at Location		(559) 930-5664			Best Phone (559)			930	-5664	Fax		
Business Email md		mdsante	ndsantoz@gmail.com			Website						
Years In Business		5	Average	e Ticket				Gro	ss Annual :	Sales <u>S</u>	300,000.0	00
Do you currently ha	ave cash	advance?	No	With	who? _					Bala	nce	
Current Credit Card				-	Averag	je Proce	essing Volu	ıme				
Last Month Vol.			#of Tickets			2nd Mo	onth Vo	l		#of T	ickets	
3rd Month Vol.			#of Tickets			4th Mo	nth Vol			#of T	ickets	
Owner #1 Name	Misael Sa				Title	_	Presider					
Date of Birth Full Home Address	0729197				SSN	_	000-pp-	4569				
Home Phone	953 ASHI		Cell Phone				Email		mdsant	toz@amail.e	om	
	(559) 930				Б.			AFF260		toz@gmail.c		
Own/Rent	\$ <u>0 Owr</u>	1	Years There	1	DI	rivers Lie	ence #	A55369	0	State	Ca	
Owner #2 Name					Title							
Date of Birth					SSN	_						
Full Home Address						_						
Home Phone			Cell Phone				Email					
Own/Rent	\$		Years There		1 1	rivers Lie	ence #			State		
Business Home Bas	ed?	Yes	Location: Lease/0	Own <u>(</u>	Owned	L	ease Te	erm		Month	nly Rent	1,587.00
Landlord / Mortgage	e Co.						Con	itact				
Contact Phone				Cell					Email			
Bank Name/Branch	Wells fa	argo	Cont	act					Phone			
Trade Reference#1			 Cont	act —					Phone			
Trade Reference#2			Cont	act					Phone			
Trade Reference#3			Cont						Phone			

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	Misael Santos	Date	05/23/2017
-------------	--------------	---------------	------	------------