

DBA Name		SANTIN AUTO AND TRUCK REPAIR CENTER				gal Name	SANTIN AUTO AND TRUCK REPAIR CENTER				
Type of Business		SERVICES				x ID	275005469			LLC	
Full Business Address		11307 PERRIN BEITEL RD.									
Full Billing Address											
Phone at Location	(210) 648-4100				est Phone (210)) 367-9720	Fax	(210) 648-4	1101		
Business Email		ESANTI	N@SANTI	NAUTO.COM	Website		WWW.SANTINAUTOMOTIVE.COM				
Years In Business		6		Average Tick	et		Gross Annual Sales 1,50		1,500,000.00	500,000.00	
Do you currently have cash a		advance	?	Yes Wi	th who?			_ Ba	lance 30,000		
Current Credit Card Processor						Average	Processing Vo	lume			
Last Month Vol.		#of Tick	ets	2nd Month Vol.		#of Ticke		Tickets			
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tickets			
	ECTEDAN	CANTIN			- ****	DDECIDENT					
Owner #1 Name	12-26-1975				Title SSN	PRESIDEN 633-54-67					
Date of Birth Full Home Address		PLE WOOI	<u> </u>		2211						
Home Phone	(210) 367		Cell P	hone		Email	FSAN	TIN@SANTI	NAUTO.COM		
Own/Rent	\$ 0 Owr			There 3	Dri		699056 State TEXAS				
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Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone	Cell			hone		Email					
Own/Rent	\$		Years There		Drivers Lience #			State		_	
Business Home Based? No Location: L				: Lease/Own	Leased	Lease Teri	m	Mor	nthly Rent		
Landlord / Mortgage Co. KOMBOSH T			I TRUST			Conta	act	TERRY			
Contact Phone	(8	830) 387	-4194	Cell			Emai	ا _			
Bank Name/Branch	h SSFCU			Contact	ANYONE		Phone	(210)	357-9000		
Trade Reference#1	JASPER ENGINES			– Contact	ВОВ		Phone	(210)	347-2910		
Trade Reference#2	BLUEBONNET FORD			 Contact	HECTOR		Phone	(830)	606-1006		
Trade Reference#3	FULL SERVICE OEM PARTS			Contact	DALE		Phone	(210)	260-2967		

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 ESTEBAN SANTIN Date 08/09/2016