

DBA Name		Favila til	e		Le	gal Name		Favila ceramic	ile installa	ation	
Type of Business		Water/Fire Restoration			 Ta	x ID		202576978			Sole Prop
Full Business Address 2673 N Arrowhead ave san bernardino ca 92405											
Full Billing Address											
Phone at Location (9			(909) 863-0162 E			Best Phone (951) 545-4439 Fax					
Business Email		Favilaco@att.net			Website			Na			
Years In Business		25 Average Tic			ket			Gross Annual Sales 50000			
Do you currently ha	ave cash a	advance?	No	Wi	ith who? _				Balan	ce	
Current Credit Card Processor						Ave	rage P	rocessing Volun	ne .		
Last Month Vol.			#of Tickets			2nd Month	Vol.		#of Tic	kets	
3rd Month Vol.			#of Tickets			4th Month	Vol.		#of Tic	kets _	
O	Dalamata F				T!H -	0					
Owner #1 Name	Roberto F 06-07-19				Title	Owne	er 51-283!	=			
Date of Birth Full Home Address		rrowhead a	WO.		SSN		01-203	<u> </u>			
Home Phone	(909) 863		Cell Phone		951) 545-44	439 Emai	ı	favilaco@	att net		
Own/Rent	\$ 0 Own		— Years There	_ <u>`</u> 25	•	rivers Lience			State	Ca	
Own/iteric	\$ O OWI	!	. Tears mere	23		ivers Lience			_State	Cu	<del></del>
Owner #2 Name					Title						
Date of Birth				_	SSN						
Full Home Address											
Home Phone			Cell Phone			Emai	I				
Own/Rent	\$		Years There		Dr	rivers Lience	#		_State		
Business Home Bas	ed?	Yes I	Location: Lease/C	)wn	Leased	Lease	Term		Monthl	y Rent _	
Landlord / Mortgage	e Co.					C	Contac	t			
Contact Phone				Cell				 Email			
Bank Name/Branch			Conta	act				Phone			
Trade Reference#1			Conta	act				Phone			
Trade Reference#2			Conta	act				Phone			
Trade Reference#3			Conta	act				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	Roberto Favila	Date	08/23/2016