

DDA Norse		Wa Cat	II There Transpe	rtatio	n la			Wa Cat II T	ana Transportat	tion	
DBA Name			U There Transpo				We Get U There Transportation				
Type of Business		Non emergency medical teansportation Tax ID						831831780	Corp		
Full Business Addre	SS	632 Con	monweath ave S	South	West						
Full Billing Address											
Phone at Location	(352) 678-3057 Best Phone (352) 340-8959 Fax										
Business Email	Wegetutheretransportation@gmail.com Website										
Years In Business		4 Average Ticl				ket			Gross Annual Sales 850,000.00		
Do you currently ha	ave cash a	advance?	No	V	/ith who? _				Balance		
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Tickets			2nd	Month Vol.		#of Ticke	ts	
3rd Month Vol.			#of Tickets			4th	Month Vol.		#of Ticke	ets	
	Deana Sle				<del>-</del> '		0				
Owner #1 Name					Title		Owner	C1			
Date of Birth Full Home Address	06.01.196 16075 Ce				SSN		594-18-58	01			
					(352) 340-8	050	E	doon	awarna ak 4E @ama	sil com	
Home Phone	(352) 340		Cell Phone		• • •		Email —		awarnock45@gma		
Own/Rent	\$ <u>0 Own</u>		_ Years There	<u>17</u>	D	rivers	Lience # S	431176687010	State	Florida	
Owner #2 Name					Title						
Date of Birth					SSN		-				
Full Home Address											
Home Phone			Cell Phone				Email				
Own/Rent	\$		Years There	_	D	rivers	 Lience #		State		
Business Home Bas	ed?	No	Location: Lease	/Own	Leased		Lease Terr	n	Monthly F	Rent	
Landlord / Mortgage	 e Co. Li	uellen	=				– Conta		No phone		
Contact Phone	_			Cell				Ema	-		
Contact Phone	_			Cen	_						
Bank Name/Branch	Synvous	5	Cor	ntact	Tracy			Phone	(352) 799-60	000	
Trade Reference#1			Cor	ntact				Phone			
Trade Reference#2			Cor	ntact				 Phone			
Trade Reference#3			Cor	ntact				 Phone			
			<del></del>								

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	Deana Slettvet	Date	08/15/2019
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