

DBA Name		Destination	Shuttles	Le	egal Name	Destination Sh	nuttles	
Type of Business		Livery			ax ID	463041373		LLC
Full Business Address		502 Villa del Sol Circle, apt 202						
Full Billing Address								
Phone at Location		(321) 200-3754			Best Phone (321	.) 210-8057	Fax	-
Business Email		destinationshuttle@gmail.com			m Website		destinationshuttles.com	
Years In Business	ness 4		Average T	Average Ticket		Gross Annual Sales 10,000.00		0
Do you currently h	ave cash a	advance?	- No	With who?			Balance	
Current Credit Card	d Processo	or		_		Processing Volu		
Last Month Vol.		#o1	f Tickets		- 2nd Month Vol.		#of Tickets	
3rd Month Vol.		—— #o1	— f Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Julio Cesa	ır Rodriguez		Title	Owner			
Date of Birth	20-10-19	73		SSN	071-60-51	155		
Full Home Address	502 Villa del Sol Circle, apt 202							
Home Phone	(321) 200)-3754	Cell Phone	(321) 210-8	8054 Email	destinat	tionshuttle@gmail.co	m
Own/Rent	\$ 0 Rent	<u>t</u>	Years There _	D	rivers Lience # R	362-423-73-380-0	State Fl	
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	sed?	Yes Loca	ation: Lease/Ow	n <u>Leased</u>	Lease Ter	m <u>1 year</u>	Monthly Rent	1,100.00
Landlord / Mortgag	e Co				Conta	act .		
Contact Phone	_		Ce	ell _		Email		
Bank Name/Branch	MidFlori	da Credit Uni	on Contact			Phone		
Trade Reference#1			 Contact			— Phone		
Trade Reference#2			 Contact	 [— Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true a	and understand that	making false sta	itements might be con	sidered fraud. By pro	viding 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	JULIO RODRIGUEZ	Date	02/02/2018
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