

Type of Business Address Full Billing Address Full Billing Address Phone at Location Full Business Address Phone at Location Full Business Email marco@e-vacationsclub.com marco@e-vacationsclub.com marco@e-vacationsclub.com marco@e-vacationsclub.com marco@e-vacationsclub.com marco@e-vacationsclub.com Mebsite ctala_e-vacationsclub.com Gross Annual Sales 800,000.00 Balance Current Credit Card Processr Last Month Vol.	DBA Name		E-Vacations C	lub USA Inc	Le	Legal Name E-		lub USA Inc	
Proper at Location	Type of Business		Hotel and Res	sort Accommoda	tions Ta	ions Tax ID 2			Corp
Phone at Location Phone at Indian Phone Phone Phone at Indian Phone Phone Phone Phone at Indian Phone Phone	Full Business Addre	:SS	7901 Kingspoi	nte Parkway Suit	te 18				
No	Full Billing Address								
Years In Business 11	Phone at Location		(407) 203-73	77	В	est Phone (407)	203-7377	Fax	
Do you currently have cash advance? No With who? Balance	Business Email		marco@e-vac	ationsclub.com		Website	ctla.e-vacatio	nsclub.com	
Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Age Manco Galindo Title President #of Tickets President #of Tickets	Years In Business		11	Average Tic	ket		Gross Annual S	Sales <u>800,000.00</u>	
Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets Owner #1 Name Marco Galindo Title President Date of Birth 12-15-1956 SSN 589-35-9838 Full Home Address 9852 Bay Vista Estates BIvd File Home Phone (407) 529-7570 Cell Phone (407) 529-7570 Email marco⊚condotrustia.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # G453541564550 State FL Owner #2 Name Title SSN SSN SSN Full Home Address Home Phone Cell Phone Email Marco G453541564550 State FL Own/Rent \$ Cell Phone Email SSN S	Do you currently ha	ave cash a	advance?	No V	With who? _			Balance	
Owner #1 Name Marco Galindo Title President Date of Birth 12-15-1956 SSN 589-35-9838 Full Home Address 9852 Bay Vista Estates Blvd Home Phone (407) 529-7570 Cell Phone (407) 529-7570 Email marco⊚condotrustia.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # 6453541564550 State FL Owner #2 Name Title Title SSN SSN SSN FL Date of Birth SSN SSN SSN SSN FL SSN FL Under #2 Name Full Home Address FL SSN SSN State FL	Current Credit Card	d Processo	or			Average	Processing Volu	me	
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Full Home Address Home Phone (407) 529-7570 Cell Phone (407) 529-7570 Email marco⊚condotrustla.com	Owner #1 Name	Marco Ga	llindo		Title	President			
Home Phone (407) 529-7570 Cell Phone (407) 529-7570 Email marco⊚ondotrustla.com Own/Rent \$ 0 Own Years There 25 Drivers Lience # G453541564550 State FL Owner #2 Name Date of Birth SSN Filtle SSN Home Phone Cell Phone Email State Own/Rent \$ 2 Own/Rent Years There Drivers Lience # Drivers Lience # State State Business Home Based No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Silva Realty Contact Location: Lease/Own Leased Lease Term Monthly Rent Contact Phone (407) 420-7908 Cell (407) 420-7908 Email kruger@Johnsilva.COM Bank Name/Branch Wells Fargo Bay Hill Contact Warren Brown Phone (349) 172-8367 Trade Reference#1 Restel Contact Raul Alcazar Spain 34 Phone (349) 172-8367	Date of Birth	12-15-19	56		SSN	589-35-983	38		
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Trade Reference#2 Hotels Pro Contact Arek Lee Dulgar Phone (212) 239-1410	Bank Name/Branch Wells Fargo Bay Hill Conta			Contact	Warren Brown		Phone	(321) 418-7430	
	Trade Reference#1 Restel			Contact	Raul Alcazar Spain 34		— Phone	(349) 172-8367	
Nineli Dia manali dia mi	Trade Reference#2 Hotels Pro			Contact	Arek Lee Dulgar		— Phone	(212) 239-1410	
Trade Reference#3 Stuba Contact H917420074707 Phone (917) 420-0747	Trade Reference#3 Stuba			Contact		Nirali Dharmakhikari +917420074707		(917) 420-0747	

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	Marco Galindo	Date	10/08/2019