

DBA Name	Dr. Sheryl Gaston, Ph.D.-CDP		Legal Name	Dr. Sheryl Gaston, Ph.D.-CDP	
Type of Business	consulting		Tax ID	341992642	Sole Prop
Full Business Address	111 South Calvert Street				
Full Billing Address					
Phone at Location	(410) 384-7770		Best Phone	(443) 597-8285	Fax
Business Email	covingtondiversity@yahoo.com		Website	covingtondiversity.com	
Years In Business	24	Average Ticket		Gross Annual Sales	10,000.00
Do you currently have cash advance?		With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Sheryl GastonGarcia		Title	Doctor of Counseling	
Date of Birth	07-12-1958		SSN	341-99-2642	
Full Home Address	2218 Lawnwood Circle				
Home Phone	(443) 597-8285	Cell Phone	(443) 597-8285	Email	covingtondiversity@yahoo.com
Own/Rent	\$ 0 Own	Years There	443-597-8285	Drivers Lience #	G235765564932
				State	MD - Maryland
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Jamil at Wells Fargo Bank			Contact	Jamil
Contact Phone	(443) 306-8334	Cell	(443) 306-8334	Email	

Bank Name/Branch	Wells Fargo Bank	Contact	Jamil	Phone	(443) 306-8334
Trade Reference#1	Wells Fargo Bank	Contact	Jamil	Phone	(443) 306-8334
Trade Reference#2	Massey Auto	Contact	Christopher	Phone	(443) 306-6490
Trade Reference#3		Contact		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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Sheryl Garcia	Date	07/15/2016
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