

DBA Name	Agent Legacy Services Co		Legal Name	Agent Legacy Services Co	
Type of Business	Insurance Agency		Tax ID	47-2448652	Corp
Full Business Address	25484 NW 9th Rd				
Full Billing Address					
Phone at Location	(567) 232-2365		Best Phone	(567) 232-2365	Fax (877) 558-2790
Business Email	rickwashburn@HIS-ltd.com		Website		
Years In Business	2	Average Ticket		Gross Annual Sales	109,000.00
Do you currently have cash advance?	Yes	With who?	Mantis, Yellowstone Cap		Balance \$4,750 , 3,200
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	G Richard Washburn		Title	CEO	
Date of Birth	06/04/1974		SSN	299-60-4720	
Full Home Address	25484 NW 9th Rd, Newberry, FL 32669				
Home Phone	(567) 232-2365	Cell Phone	(567) 232-2365	Email	rickwashburn@HIS-ltd.com
Own/Rent	\$ 0 Rent	Years There	1	Drivers Lience #	W216296742040 State Florida
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?	Yes	Location: Lease/Own	Leased	Lease Term	0	Monthly Rent	0.00
Landlord / Mortgage Co.	n/a			Contact	n/a		
Contact Phone		Cell		Email			

Bank Name/Branch	Huntington Bank	Contact		Phone	(419) 294-4948
Trade Reference#1	CPMM Services	Contact	John	Phone	(614) 447-0165
Trade Reference#2	Columbian Life	Contact		Phone	(604) 724-2472
Trade Reference#3	Gerber Life	Contact		Phone	(800) 428-4947

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	G Richard Washburn	Date	02/27/2017
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