

DBA Name		West Bloomfield Fit Body Boo			ot Camp Legal Name		West Bloomfield Fit Body Boot Camp		
Type of Business		Fitness and Wellness			Tax ID		47-3543179		LLC
Full Business Addre	6189 hagg	erty							
Full Billing Address									
Phone at Location		(248) 419-4426			Best Phone (248)		962-5453	Fax	
Business Email		westbloomfieldfbbc@gmail.c			com Website		Westbloomfieldfitbodybootcamp.vom		
Years In Business		3 Average		e Ticket	Ticket		Gross Annual	Sales <u>25,000.00</u>	
Do you currently have cash a		advance?	Yes	With	h who? <u>800</u>	Fund		Balance <u>\$19,000</u>	
Current Credit Card	or			Average		Processing Volume			
Last Month Vol.		#	of Tickets		2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4t	h Month Vol.		#of Tickets	
Owner #1 Name	Shawn Kr	nott			Title	Owner			
Date of Birth	06/12/20	14			 SSN 375		18		
Full Home Address	6614 hearthstone ct								
Home Phone	(248) 962-5453 Cell Phone			(248) 962-5453 Email			westbloomfieldfbbc@gmail.com		
Own/Rent	\$ 0 Rent		– Years There	ars There 313475		50570 Drivers Lience # K		State Michigan	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Drive	ers Lience #		State	=
Business Home Bas	sed?	No Lo	cation: Lease/0	Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>K</u>	eystone				Conta	ct	Greg Newman	
Contact Phone	<u>(</u> 2	248) 356-80	00	Cell			Email		
Bank Name/Branch FlagStar Bank Contac			act	Amy		Phone	(248) 539-3987		
Trade Reference#1			Cont	act			Phone		
Trade Reference#2			Cont	act –			– Phone		
Trade Reference#3			Cont	act _			 Phone 		
	the chave in	formation is tru	o and understand th	at makin	a falso statom	onts might be sons	idered fraud. By n	roviding the above information, the	applicant(c)

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 in 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Shawn Knott	Date	11/01/2016