

DBA Name	Circle t	en maintenance	Leç	gal Name	Circle ten me	edia IIc		
Type of Business	handyn	handyman/ maintenance		k ID	27-3668195		LLC	
Full Business Address 505 sw 130th terrace davie, florida 33325								
Full Billing Address								
Phone at Location (754) 204-7713		04-7713	Ве	est Phone (754) 204-7713	Fax		
Business Email	ss Email <u>circletenmed</u>		1	Website	Http://circletenmaintenance.com			
Years In Business	6	Average	Ticket		Gross Annual	Sales <u>144,000.00</u>		
Do you currently h	ave cash advance	?	Wi	th who?		Balance		
Current Credit Card Processor				Average	Processing Vol	ume		
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets		
3rd Month Vol.		#of Tickets		4th Month Vol.		#of Tickets		
Owner #1 Name	shiggaion gordon		Title	ceo				
Date of Birth	03-23-1977		SSN	198-92-58	321			
Full Home Address	505 sw 130th terrace davie, fl. 33325							
Home Phone	(754) 204-7713	Cell Phone	(754) 204-77	13 Email	circlete	enmedia@gmail.com		
Own/Rent	\$ <u>0 Own</u>	Years There	2 years Dri	vers Lience # g	635794771030	State FL	<u> </u>	
Owner #2 Name			Title					
Date of Birth			SSN					
Full Home Address								
Home Phone		Cell Phone		Email				
Own/Rent	\$	Years There	Dri	vers Lience # _		State		
Business Home Bas	ed? Yes	Location: Lease/Ov	vn <u>Owned</u>	Lease Ter	m	Monthly Rent		
Landlord / Mortgage	e Co			Conta	act		_	
Contact Phone			Cell		Email			
Bank Name/Branch	jp morgan chase	Contac	ct Feng Liu		Phone	(954) 299-6084		
Trade Reference#1	Perfect Predator	s Contac	ct Manny Fr	ade	— Phone	(305) 310-5699		
Trade Reference#2	Epic Properties	 Contac	t Jose Mun	0Z	— Phone	(407) 361-1212		
Trade Reference#3	Ace Tools	Contac	t Luke		Phone	(208) 651-4146		
I hereby represent that all	the above information is	true and understand that	t making false state	ements might be cor	nsidered fraud. By pr	oviding the above information,	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	shiggaion gordon	Date	07/09/2016