

DDA N		C If + f:			1.51	£:L	ft		
DBA Name		Gulfcoastfitness ft myers		Legal Name		-	purefitness fort myers inc		
Type of Business		fitness cen		Ia	x ID	4735302	03	Corp	
Full Business Addre	SS	8540 daytor	n ave						
Full Billing Address		(222) 272				0) 001 4054			
Phone at Location				В	Best Phone (239)		<del></del>		
Business Email		·	ostfitness.com				gulfcoastfitnessftmyers.com		
Years In Business		1.5	Average Ti	icket		Gross Anr	Gross Annual Sales 310,000.00		
Do you currently ha	ave cash	advance?	Yes	With who? kg	funding		Balance 6	,000	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#0	of Tickets		2nd Month Vol.		#of Tickets	<u> </u>	
3rd Month Vol.		#0	of Tickets		4th Month Vol.		#of Tickets		
				<b>-</b> '					
Owner #1 Name	jospeh ci			Title	presiden				
Date of Birth		7/13/1969 SSN 198-44-5408 197 tauren ct naples fl 34119							
Full Home Address Home Phone	(239) 28	<u>'</u>	Cell Phone	(239) 281-48	354 Email	inc	ec@gulfcostfitness.com		
			•			-			
Own/Rent	\$ <u>0 Ren</u>	<u> </u>	Years There $\frac{3}{2}$	Dr	ivers Lience #	c5164816925	30 State <u>fl</u>		
Owner #2 Name				Title					
Date of Birth				_ SSN					
Full Home Address				_					
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There	Dr	ivers Lience #		State		
Business Home Base	ed?	No Loca	tion: Lease/Own	Leased	Lease Term	10 years	Monthly Rent	13,000.00	
Landlord / Mortgage		national fitne	SS		<del></del> Con	tact	kariyann smith		
Contact Phone		39) 267-5287	Cell	(239)	281-6517	Email	kariyanns@g	ulfcoastfitness.com	
Bank Name/Branch	edison n	ational bank	Contact	stephanie		Phone	(239) 466-1800		
Trade Reference#1	ce#1 motionsoft C		 Contact	cyrus		Phone	(301) 255-1843		
Trade Reference#2			 Contact			Phone			
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 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	jospeh cianfero	Date	11/01/2016