

DBA Name	HCF INSURANCE AGENCY		Legal Name	HCF Insurance agency	
Type of Business	Insurance brokerage		Tax ID	20-0861033	Corp
Full Business Address	21747 Erwin Street , 2nd floor Woodland Hills, ca 91367				
Full Billing Address					
Phone at Location	(818) 716-2712		Best Phone	(818) 692-5284	Fax (818) 716-2716
Business Email	Jason@hcfinsurance.com		Website	www.hcfinsurance.com	
Years In Business	15	Average Ticket		Gross Annual Sales	3,500,000.00
Do you currently have cash advance?	No	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	Jason Adelman		Title	Ceo	
Date of Birth	10/30/1977		SSN	602-qp-8853	
Full Home Address	19 Hitching Post Lane, Bell Canyon CA 91307				
Home Phone	(818) 692-5284	Cell Phone	(818) 692-5284	Email	jason@hcfinsurance.com
Own/Rent	\$ 0 Own	Years There	15	Drivers Lience #	B4480895 State Ca
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	Owned	Lease Term		Monthly Rent	5,000.00
Landlord / Mortgage Co.	Jason adelman			Contact	818-692-5284		
Contact Phone		Cell		Email			

Bank Name/Branch	Chase bank	Contact	Woodland hills	Phone	
Trade Reference#1	Lowell tatkin Law	Contact	Lowell Tatkin	Phone	(310) 721-5011
Trade Reference#2	Roberts Accounting	Contact	Brent Roberts	Phone	(818) 884-2334
Trade Reference#3	Affibity Global	Contact	Nancy Cohen	Phone	(818) 716-2712

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

Jason Adelman

Date

02/25/2019