

DBA Name		Stars Dumpst	ers and Con	struction	Legal N	ame	Stars Dumpsters	and Construction	Services LLC
Type of Business		rental of dum	psters for co	onstruction	Tax ID)	46-2616393		Corp
Full Business Addre	ess	1231 Woodrid	ge Ct.						
Full Billing Address									
Phone at Location		(407) 600-21	25		Best I	Phone (40)	7) 600-2125	Fax	
Business Email	usiness Email		starsdumpsters@gmail.com			Vebsite			
Years In Business		4	Average	e Ticket			Gross Annual Sal	es <u>200,000.00</u>)
Do you currently h	ave cash	advance?	No	With wh	o?			Balance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of	Tickets		2nd	Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		_ 4th	Month Vol.		#of Tickets	
Owner #1 Name	William 2	Zapata			Title	Resident			
Date of Birth	12/22/19	67			SSN	771-22-6	048		
Full Home Address	1231 Wo	odridge Ct.							
Home Phone	(407) 600	0-2125 C	Cell Phone	(407) 6	00-2125	Email	starsdump	sters@gmail.com	
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	ears There	8	Drivers	Lience #	2130-936-67-462-0	State <u>Florida</u>	<u> </u>
Owner #2 Name					Title				
Date of Birth Full Home Address					SSN				
Home Phone			Cell Phone			Email			
Own/Rent	\$		ears There		Drivers	— Lience #		State	
				_					
Business Home Bas	sed?	No Loca	tion: Lease/0	Own <u>Lea</u>	sed	_Lease Ter	m	_Monthly Rent	
Landlord / Mortgage	e Co				_	Cont	act		
Contact Phone	_			Cell			Email		
Bank Name/Branch	CHASE		Cont	act			Phone		
Trade Reference#1			Cont	act			Phone		
Trade Reference#2			Cont	act			Phone		
Trade Reference#3			Cont	act			Phone		
I hereby represent that all	the above ir	nformation is true a	nd understand th	nat making fals	e statemen	ts might be co	nsidered fraud. By providi	ing the above informat	ion, 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	William Zapata	Date	10/20/2016