

DBA Name	HealthRidge Fitness	Legal Name	HealthRidge Fitness Center	
Type of Business	Fitness/Spa	Tax ID	34-2023281	LLC
Full Business Address	17800 W. 106th St Olathe, KS 66061			
Full Billing Address				
Phone at Location	(913) 888-0505	Best Phone	(913) 645-1846	Fax (913) 948-8667
Business Email	jsharbaugh@healthridgefitness.com	Website	www.healthridgefitness.com	
Years In Business	10.5	Average Ticket		Gross Annual Sales 6,900,000.00
Do you currently have cash advance?	Yes	With who?		Balance \$785,000
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	Joseph Sharbaugh	Title	VP Finance (Partner)	
Date of Birth	June 26, 1947	SSN	181-40-1591	
Full Home Address	23990 W. 121 ST Street, Olathe, KS 66061			
Home Phone	(913) 645-1846	Cell Phone	(913) 645-1846	Email jsharbaugh@healthridgefitness.com
Own/Rent	\$ 0 Own	Years There	9 years	Drivers Lience # K00-64-6072 State Kansas
Owner #2 Name		Title		
Date of Birth		SSN	--	
Full Home Address				
Home Phone		Cell Phone		Email
Own/Rent	\$ Own	Years There		Drivers Lience # State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	HRF Properties LLC			Contact	Athy
Contact Phone	(770) 777-0088	Cell		Email	apardinas@irongatecapital.com

Bank Name/Branch	Commerce Bank	Contact	Mike Boehm	Phone	(816) 234-7090
Trade Reference#1	Sysco	Contact		Phone	(913) 829-5555
Trade Reference#2	All Pro Laundry	Contact	Bruce	Phone	(913) 554-4776
Trade Reference#3	Clearfield Computing	Contact	Howard	Phone	(785) 840-4225

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 aboe listed business and business owenet/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 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 informaiton 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	Joseph Sharbaugh	Date	12/22/2016
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