

DBA Name		Keith Ful				egal N	lame		ide Con	sulting			
Type of Business		Waste Co	onsulting		T	ax ID		5713	37398				Sole Prop
Full Business Addre	SS	9452 Tele	phone rd	#203									
Full Billing Address													
Phone at Location		(805) 642	2-9278			Best P	hone (805)	) 320-62	224	Fax	_	(805) 20	1-7924
Business Email		surfsided	onsulting(	@yahoo.co	<u>m</u>	V	Vebsite	n/a					
Years In Business		12		verage Tic	ket _			Gross	Annual	Sales	150,	00.00	
Do you currently ha	ave cash	advance?	Υ	es V	With who?	Rapid	Advance			_ Ba	alance	5000	
Current Credit Card Processor Average Processing Volume													
Last Month Vol.			#of Ticket			2nd	Month Vol.			_ #o	f Ticke	ts _	
3rd Month Vol.			#of Ticket	is		4th	Month Vol.			#o	f Ticke	ts _	
Owner #1 Name	Keith Full	er			Title	2	owner						
Date of Birth	0820196				SSN		571-33-73	398					
Full Home Address	9357 san	ta margarita	a rd										
Home Phone	(805) 320		Cell Pho	one	(805) 320-	6224	Email		surfsid	leconsultii	ng@yah	noo.com	
Own/Rent	\$ 0 Owr	1	— Years T	here 2	[	Orivers	 Lience # _c	6509104		State		CA	
Owner #2 Name					Title	е							
Date of Birth					SSN	١							
Full Home Address													
Home Phone			Cell Pho	one			Email —						
Own/Rent	\$		Years T	here	[	Orivers	Lience #			State			
Business Home Bas	ed?	Yes L	ocation: L	_ease/Own	Leased	t	Lease Teri	m _		Moi	nthly R	lent _	
Landlord / Mortgage	e Co						Conta	act					
Contact Phone				Cel	l _				Email	 			
Bank Name/Branch	Chase			Contact	any			Pł	none	(805) 6	544-18	85	
Trade Reference#1				Contact				— Pł	none				
Trade Reference#2				Contact				 Pł	none				
Trade Reference#3				Contact		_		— Pł	none		_		
					11 61 1								

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	Keith Fuller	Date	01/17/2017