

DBA Name		Washingto	n Twp Fit Body B	Boot Camp	_Legal N	lame	Perfect 4 Yo	u Personal Traini	ng LLCMel
Type of Business		Health and Fitness		_Tax ID		61-1490574		LLC	
Full Business Addre	SS	12 Shopper	s Ln						
Full Billing Address									
Phone at Location		(856) 677-8515			_ Best F	Best Phone (609) 315-2398 Fax			
Business Email		perfect4youfitness@gmail.com		com	Website		www.washin	ootcamp.com	
Years In Business		8 Average Ticket Gross Annual Sales 150,00		00.00					
Do you currently ha	ave cash a	advance?	Yes	With who	? Snap	Financial		Balance 2	21000
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#	of Tickets		2nd	Month Vol.		#of Ticket	s
3rd Month Vol.		#	of Tickets _		4th	Month Vol.		#of Ticket	s
Owner #1 Name	Mel Parke	r		Ti	tle	Owner			
Date of Birth	08-06-19			S	SN	200-38-20)32		
Full Home Address	7256 Bar	que Dr							
Home Phone	(609) 315	-2398	Cell Phone	(609) 31	5-2398	Email —	meljr:	32@hotmail.com	
Own/Rent	\$ <u>0 Rent</u>	<u> </u>	Years There	over 1	_Drivers	Lience # P	626-613-49-286	-0 State	<u> </u>
Owner #2 Name				Ti	tle				
Date of Birth				S	SN				
Full Home Address									
Home Phone			Cell Phone			Email —			
Own/Rent	\$		Years There		_Drivers	Lience #		State	
Business Home Base	ed?	No Loca	ition: Lease/Own	Leased	Le	ease Term		Monthly Rent	
Landlord / Mortgage	Co.	Botton Mana	gement		_	Cont	tact	Annie	
Contact Phone	<u>(73</u>	32) 455-3768	S Cel	II			Email	annie@botto	onmanagement.com
Bank Name/Branch			Contact				Phone		
Trade Reference#1			Contact				Phone		
Trade Reference#2			 Contact				Phone —		
Trade Reference#3			Contact				Phone		
I horoby represent that all	the shove in	formation is true	and understand that	t making falso	ctatamani	s might he son	sidered fraud. By n	roviding the above in	formation 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 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	Mel Parker	Date	06/08/2017