

DDA Nomes		Ass propo	rty convice			and Names	Λ ct	on above n	roporty	vices	
DBA Name		Aos property service			Legal Name		-	A step above property services			
Type of Business		Management and maintenance				_Tax ID		832782689		LLC	
Full Business Addre	SS -	161 e shipv	vreck rd santa r	osa beach	fl 32	459					
Full Billing Address											
Phone at Location	(850) 797-3968				Best Phone <u>(8</u>	350) 797-	3968	Fax			
Business Email	mindy@asavacations.com			Website		Asa	Asavacations.com				
Years In Business		10	Average	Ticket	_		Gros	s Annual S	ales <u>600</u>	0,000.0	0
Do you currently ha	ave cash a	idvance?	No	With w	ho? _				Balance	e	
Current Credit Card Processor						Avera	ige Proce	ssing Volur	me _		
Last Month Vol.		#	of Tickets			2nd Month Vo	ol		#of Tick	ets	
3rd Month Vol.		#	of Tickets			4th Month Vo	ol		#of Tick	ets	
O #1 No	Malinda I	tial.au			T:Al a	0					
Owner #1 Name	Melinda Li				Title	Owner					
Date of Birth	05021984				SSN	252-85	-0000				
Full Home Address	161 e ship (850) 797		Call Dhana	(050)	260.0	000 5		mindu	acaya cations		
Home Phone	• •		Cell Phone	(850)					asavacations		
Own/Rent	\$ 0 Rent		Years There	5	D	rivers Lience #	L32655	/846621	_State	FL	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone			Email					
Own/Rent	\$		Years There		D	rivers Lience #			State		
Business Home Bas	sed?	Yes Lo	ocation: Lease/0	Own Le	ased	Lease T	erm		Monthly	Rent	2,100.00
Landlord / Mortgage	 e Co.					Cor	ntact				
Contact Phone				Cell	_			Email			
Bank Name/Branch	Trustma	rk	Cont	act				Phone			
Trade Reference#1			Cont	act				– Phone			
Trade Reference#2			 Cont					– Phone			
Trade Reference#3			Cont					- Phone			
I hereby represent that all	the above inf	ormation is tru			lse stat	tements might be		_	riding the above	e informat	tion, 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	Melinda Liticker	Date	11/05/2019
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