

DBA Name		Hogan's bri	dge		Le	egal Na	ime	Hogan's brid	lge		
Type of Business		Direct care for persons with Disabilities T						27-4836661			Corp
Full Business Addre	ess	12415 Kilde	er Road								
Full Billing Address											
Phone at Location (352) 238-2279			2279	Best Phone (352)				238-2279	Fax		
Business Email		hogansalley6565@gmail.com			Website		www.hogansbridge.com				
Years In Business		13	Average	e Ticket				Gross Annua	l Sales	176,000.00	
Do you currently h	ave cash a	dvance?	No	With	who? _				Bal	ance	
Current Credit Card	d Processo	r				_	Average	Processing Vo	lume		
Last Month Vol.	-	#0	of Tickets			2nd M	lonth Vol.		#of	Tickets _	
3rd Month Vol.		#0	of Tickets			4th M	onth Vol.		_ #of	Tickets _	
Owner #1 Name	Christine	Hogan			Title		owner				
Date of Birth	11-16-196	55		SSN			109-52-910	05			
Full Home Address	12415 Kilo	deer Road									
Home Phone	(352) 238	-2279	Cell Phone	(35	2) 238-2	279	Email -	hogar	salley6565	@gmail.com	
Own/Rent	\$ <u>0 Own</u>		Years There	20	D	rivers L	ience # <u>h</u>		State	FL	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address					3311						
Home Phone			Cell Phone				Email				
Own/Rent	\$		Years There		D	rivers L	ience #	-	State		
	· 				_						
Business Home Bas	sed?	No Loc	cation: Lease/C	Own .	Leased		Lease Tern	n	Mon	thly Rent	
Landlord / Mortgage	e Co						Conta	ct			
Contact Phone				Cell				Ema	il		
Bank Name/Branch	Capital	City BAnk	Cont	act k	(Im			Phone	(352) 59	96-7261	
Trade Reference#1	Ruth Ra	nkin	Cont	act –				 Phone	(352) 34	15-8468	
Trade Reference#2			Cont	act F	Robin St	eiger		– Phone	(352) 34	46-9120	
Trade Reference#3			Cont	_	Cherie C	Cain		– Phone	(254) 30	58-5363	
I hereby represent that all	the above inf	ormation is true	and understand th	at making	ı false stət	tements	might he cons	idered fraud. By r	roviding the	ahove information	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	Christine Hogan	Date	10/28/2017