

Tax D 27-4349613 LLC Full Business Address 101 W Mission Blvd Suite 224 Full Business Address 101 W Mission Blvd Suite 224 Full Billing Address Full Billing Address Full Billing Address Full Business Email joe@think-ins.com Website Www.think-ins.com Fax	DBA Name	THINK Ins & Fin Svs		Le	gal Name	Coast To Coast Ins Svs LLC, DBA THINK Ins & Fin Svs		
Full Business Address 101 W Mission Blvd Suite 224	Type of Business	of Business Insurance Agency		Tax ID		27-4349613		LLC
Phone at Location Geographink-ins.com Website Wews.think-ins.com Fax Fa								
Business Email joe@think-ins.com Website mwwt.think-ins.com Years In Business 13	Full Billing Address							
Years In Business 13	Phone at Location	(909) 992-0417			Best Phone		Fax	
Do you currently have cash advance? No With who? Balance Current Credit Card Processor	Business Email	joe@think-ins.com		Website		www.think-ins.com		
Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets	Years In Business	13	Average Tick	et		Gross Annual S	Sales <u>1,900,00</u>	0.00
Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets	Do you currently ha	eve cash advance?	No W	/ith who? _			Balance	
Owner #1 Name Joseph Esparza Title CEO # of Tickets								
Owner #1 Name Joseph Esparza Title CEO Date of Birth 09-11-1965 SSN 556-33-9413 Full Home Address 4041 Humboldt Lane Full Home Address Email joe@think-ins.com Own/Rent \$ 0 Own Years There 5 Drivers Lience # C2555201 State CA Owner #2 Name Title SSN Title CA CA Date of Birth SSN SSN SSN CA CA Full Home Address SSN SSN SSN SSN SSN CA	Last Month Vol.	#of Tick	ets		2nd Month Vol.		#of Tickets	
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Full Home Address 4041 Humboldt Lane Home Phone (714) 393-5430 Cell Phone (714) 393-5430 Email joe@think-ins.com Own/Rent \$ 0 0wn Years There 5 Drivers Lience # C2555201 State CA Owner #2 Name Title Date of Birth SSN Full Home Address Full Home Address Home Phone Cell Phone Email State Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term 12 months Monthly Rent 6,200.00 Landlord / Mortgage Contact Phone Mission Oaks LLC Cell Email JP Group LA / Alejandra Gonzalez						112		
Home Phone (714) 393-5430 Cell Phone (714) 393-5430 Email joe@think-ins.com Own/Rent \$ 0 Own Years There 5 Drivers Lience # C2555201 State CA Owner #2 Name Title SSN Full Home Address Home Phone Cell Phone Email State ———————————————————————————————————				3311		+13		
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Landlord / Mortgage Co. Mission Oaks LLC Contact De Group LA / Alejandra Gonzalez Contact Phone (626) 592-4526 Cell Email ale@jpgroupla.com	Own/Rent	\$ Years	Years There		rivers Lience # _	State		
Contact Phone (626) 592-4526 Cell Email ale@jpgroupla.com	Business Home Bas	ed? No Location	: Lease/Own	Leased	Lease Ter	m 12 month	Monthly Rent	6,200.00
	Landlord / Mortgage	e Co. Mission Oaks LLC			Conta	act	JP Group LA / Aleja	andra Gonzalez
Bank Name/Branch California Bank & Trust Contact Ruby Sandoval Phone (909) 364-1560	Contact Phone	(626) 592-4526	Cell	_		Email	ale@jpgrou	ıpla.com
	Bank Name/Branch	California Bank & Trust	Contact	Ruby Sa	ındoval	Phone	(909) 364-1560	
Trade Reference#1 JP Group Contact Angelica Gonzalez Phone (626) 592-4526	Trade Reference#1	JP Group	Contact	Angelica	a Gonzalez	Phone	(626) 592-4526	
Trade Reference#2 EZlynx Contact Michelle Germanis Phone (602) 703-4877	Trade Reference#2	EZlynx	- Contact	Michelle	Germanis	— Phone	(602) 703-4877	
Trade Reference#3 Island Tax Contact Karen Kasian Phone (951) 833-0342	Trade Reference#3	Island Tax	- Contact	Karen K	asian	Phone	(951) 833-0342	

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	Joseph Esparza	Date	09/18/2019