

DBA Name	The Kar I	Klinic	Legal Name	Toel Inc					
Type of Business	Auto Rep	air& Service Center	Tax ID	45-4297257	Corp				
Full Business Address 1503 s grand ave Santa Ana,ca 92705									
Full Billing Address									
Phone at Location	(714) 542-0322		Best Phone (9	49) 525-1488 Fax	(714) 705-0411				
Business Email	repairs@thekarklinic.com		Website	www.thekarklinic.com	www.thekarklinic.com				
Years In Business	20	Average Tic	ket	Gross Annual Sales 27	70,000.00				
Do you currently ha	ave cash advance?	Yes V	With who? Marlin Bank	Baland	ce <u>20000.00</u>				
Current Credit Card Processor Average Processing Volume									
Last Month Vol.	#of Tickets		2nd Month Vo	ol#of Tic	kets				
3rd Month Vol.		#of Tickets 4th Month Vol. #of Tickets		kets					
Owner #1 Name	Danaides Ordaz		Title Preside	ent					
Date of Birth	06/10/1988	_	SSN 728-64	-6625					
Full Home Address	31 butterfly Irvine,ca 92604								
Home Phone	(949) 525-1488	Cell Phone	(949) 525-1488 Email	repairs@thekarklinic	.com				
Own/Rent	\$ 0 Rent	Years There 2	Drivers Lience #	Y4031102 State	California				
Owner #2 Name			Title						
Date of Birth			Title						
Date of Birth Full Home Address		Cell Phone	SSN						
Date of Birth Full Home Address Home Phone	\$	Cell Phone Years There	SSN Email	State					
Date of Birth Full Home Address	\$	Cell Phone Years There	SSN	State					
Date of Birth Full Home Address Home Phone	·		SSN Email		y Rent <u>2,800.00</u>				
Date of Birth Full Home Address Home Phone Own/Rent	sed? No L	Years There	SSN Email Drivers Lience # Leased Lease T		y Rent <u>2,800.00</u>				
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	sed? No L	Years There ocation: Lease/Own	SSN Email Drivers Lience # Leased Lease T Co	rerm <u>3</u> Monthly	y Rent <u>2,800.00</u> is6@gmail.com				
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage	No Le Co. FOUR SEAS (714) 357-8	Years There ocation: Lease/Own	SSN Email Drivers Lience # Leased Lease T Co	rerm <u>3</u> Monthly	is6@gmail.com				
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	ed? No Le Co. FOUR SEAS (714) 357-8 bank of america	Years There	Email Drivers Lience # Co Co I (714) 357-8961	rerm <u>3</u> Monthlyntact <u>Tracy</u> Email <u>tkelli</u>	is6@gmail.com 4637				
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	eed? No Lee Co. FOUR SEAS (714) 357-8 bank of america one stop	Years There Occation: Lease/Own IIC 961 Cel Contact	Email	Term 3 Monthly ntact Tracy Email tkelli Phone (888) 287-4	is6@gmail.com 4637 4125				
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1	bed? No L Co. FOUR SEAS (714) 357-8 bank of america one stop wdi	Years There Occation: Lease/Own IIc 961 Cel Contact Contact	Email Drivers Lience # Leased Lease T Co I (714) 357-8961 anybody Raul	Phone (888) 287-	is6@gmail.com 4637 4125 0460				

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	Danaides Ordaz	Date	11/30/2017
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