

DBA Name		lla immiarat	ion and tours		egal Name	llg immigration	n and tours	
Type of Business		services			ax ID	47-2054369		Corp
Full Business Addre	) SS		ste 71 hialeah		an ib	., 200,000		_
Full Billing Address	.55							
		(786) 217-4195			Best Phone (786	5) 217-4195	Fax	(305) 698-8996
Business Email		llgimtours@hotmail.com			Website	<u>·</u>		· · · · · · · · · · · · · · · · · · ·
Years In Business			Average	Ticket	Gross Annua		ales 200	0,000.00
Do you currently h	ave cash a	advance?	No	With who?			Balance	e
Current Credit Card Processor					Average	Processing Volu	me _	
Last Month Vol.		#0	f Tickets		2nd Month Vol.		#of Tick	rets
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tick	cets
Owner #1 Name	dolores go	onzalez		Title	e president			
Date of Birth	21/08/1958			SSN	593-84-6	566		
Full Home Address	591 e 46	st						
Home Phone	(786) 217	-4195	Cell Phone	(786) 217-	4195 Email	llgimtou	rs@hotmail.co	om
Own/Rent	\$ <u>0 Own</u>		Years There	7862174195	Orivers Lience # g	524160588010	_State	FLORIDA
Owner #2 Name				— Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	[	Orivers Lience #		_State	
Business Home Bas	sed?	No Loc	ation: Lease/O	wn <u>Lease</u> c	dLease Ter	m	Monthly	Rent
Landlord / Mortgag	e Co				Cont	act _		
Contact Phone	_			Cell _		Email		
Bank Name/Branch	wells fa	rgo	Conta	ct _		Phone		
Trade Reference#1		 Conta	ct		Phone			
Trade Reference#2			 Conta	ct		Phone		
Trade Reference#3			Conta	ct		Phone		
I hereby represent that all	the above in	formation is true	and understand tha	t making false st	atements might be co	nsidered fraud. By prov	viding the above	e 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	dolores gonzalez	Date	09/15/2016
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