

DBA Name		Clear concep	ts	Le	egal Name	Clear Shield Cond	cepts	
Type of Business		Vendor			ax ID	813134982		Corp
Full Business Address		36 via soria san clemente, ca 92673						ос. р
Full Billing Address	.55							
Phone at Location		(603) 674-7433		E	Best Phone (603) 684-7433		Fax	
Business Email		aaron@clearshieldconcepts.co			Website	·		
Years In Business	-		Average Ticl		Gross Annual S		es 1,200,000.00	
Do you currently h	ave cash a	advance?	No V	/ith who? _	_		Balance	
Current Credit Card Processor					Average	Processing Volume		
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
L								
Owner #1 Name	Aaron Fra	zier		Title	Owner			
Date of Birth	10101971	L		SSN	002-70-43	39		
Full Home Address	Same							
Home Phone	(603) 674	1-7433 C	ell Phone		Email	aaron@clea	arshieldconcepts.com	
Own/Rent	\$ <u>0 Own</u>	<u> </u>	ears There 4	D	rivers Lience # Y	8322766 S	State CA	_
O 4/2 No				T!H -				
Owner #2 Name Date of Birth				Title SSN				
Full Home Address				2211				
Home Phone			ell Phone		Email			
Own/Rent	\$		ears There		rivers Lience #		State	
Ownyment	Ψ				- Lichee #			_
Business Home Bas	sed?	Yes Loca	tion: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co				Conta	ect		
Contact Phone			Cell			Email		
Bank Name/Branch	Chase		Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true ar	nd understand that ma	aking false sta	tements might be con	sidered fraud. By providi	ng the above information, th	e 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	Aaron T	Date	08/01/2019
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