

DBA Name	THINK Ins & Fin Svs	Legal Name	Coast To Coast Ins Svs LLC, DBA THINK Ins & Fin Svs	
Type of Business	Insurance Agency	Tax ID	27-4349613	LLC
Full Business Address	101 W Mission Blvd Suite 224			
Full Billing Address				
Phone at Location	(909) 992-0417	Best Phone		Fax
Business Email	joe@think-ins.com	Website	www.think-ins.com	
Years In Business	13	Average Ticket		Gross Annual Sales 1,900,000.00
Do you currently have cash advance?	No	With 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

Owner #1 Name	Joseph Esparza	Title	CEO
Date of Birth	09-11-1965	SSN	556-33-9413
Full Home Address	4041 Humboldt Lane		
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	
Date of Birth		SSN	
Full Home Address			
Home Phone		Cell Phone	
		Email	
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 Co.	Mission Oaks LLC			Contact	JP Group LA / Alejandra Gonzalez		
Contact Phone	(626) 592-4526	Cell		Email	ale@jpgroupla.com		

Bank Name/Branch	California Bank & Trust	Contact	Ruby Sandoval	Phone	(909) 364-1560
Trade Reference#1	JP Group	Contact	Angelica Gonzalez	Phone	(626) 592-4526
Trade Reference#2	EZlynx	Contact	Michelle Germanis	Phone	(602) 703-4877
Trade Reference#3	Island Tax	Contact	Karen Kasian	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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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