

DBA Name		Miracle Finance			L	_Legal Name		Miracle Tax Service			
Type of Business		Tax preprations			T	_Tax ID		823647319		_	Corp
Full Business Addre	:SS	200 N St A	Andrews	St							
Full Billing Address											
Phone at Location		(334) 794	4-4171			Best P	hone <u>(334)</u>	794-4171	Fax	(334)	794-4184
Business Email		miraclefi	nancedth	n@gmail.com		W	ebsite				
Years In Business		22		Average Tick	et _			Gross Annua	l Sales <u>38</u>	36,000.0	0
Do you currently h	ave cash	advance?		No W	ith who?				Baland	ce	
Current Credit Card	d Processo	or				_	Average F	Processing Vo	lume		
Last Month Vol.			#of Ticke	ets		2nd I	Month Vol.		#of Tic	kets	
3rd Month Vol.			#of Ticke	ets		4th I	Month Vol.		#of Tic	kets	
Owner #1 Name	Wesley C	Chapman			Title	e	president				
Date of Birth	01-23-19	62			SSN	١	261-61-096	66			
Full Home Address	402 Bent	Oak Drive									
Home Phone	(334) 618	8-8004	Cell Ph	none _	(334) 618-	8004	Email —	chapr	nan_wes@hotn	nail.com	
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	Years	There 15	[	Drivers	Lience # <u>15</u>	5892620230	State	FL	
Owner #2 Name					Title	е					
Date of Birth					SSN	N					
Full Home Address											
Home Phone			Cell Ph	none _			Email —				
Own/Rent	\$		Years	There	[	Drivers	Lience #		State		
Business Home Bas	sed?	No L	ocation:	Lease/Own	Leased	d	Lease Term	10	Monthly	y Rent	600.00
Landlord / Mortgage	e Co. <u> </u>	Deanco					Contac	ct	Vince		
Contact Phone	<u>(:</u>	334) 792-1	116	Cell	_			_ Ema	il		
Bank Name/Branch	Headla	nd Nationa	I	Contact	Craig M	1cnaug	hton	Phone	(334) 693-	3352	
Trade Reference#1				Contact				- Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact				– Phone			
I hereby represent that all	the above in	oformation is to	rue and und	lerstand that ma	king false st	atement	s might he consi	idered fraud. By r	providing the above	e informat	ion 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	Wesley Chapman	Date	11/18/2019