

DBA Name		Gilroy Ostrich Farm			Legal Name		Workmans corp			
Type of Business		Retail/wholesale			Tax ID		83-3676702			Corp
Full Business Addre	ess	17300 Montere	ey rd							
Full Billing Address										
Phone at Location		(408) 713-1339			Be	st Phone (408)	425-8303	Fax		
Business Email		dan@action3de.com			Website		www.gilroyostrichfarm.com		m	
Years In Business		1.6	Averag	e Ticket			Gross Annual Sa	les <u>40</u>	00,000.00	
Do you currently h	ave cash a	advance?	No	With wi	ho?			Balan	ce	
Current Credit Card	d Processo	or				Average	Processing Volum	ie .		
Last Month Vol.		#of T	ickets		2	nd Month Vol.		#of Tic	kets	
3rd Month Vol.		#of T	ickets		4	th Month Vol.		#of Tic	kets	
Owner #1 Name	dan nolse	in.			Title	president				
Date of Birth	10281961					-				
Full Home Address	10281961 SSN 545-19-3869 7390 crews rd Gilroy									
Home Phone	(408) 425		ell Phone	(408)	425-830	)3 Email	dan@acti	on3de.com		
Own/Rent						<del></del>	7954214		Ca	
Own/Kent	\$ 0 Rent		ears There	5 years		reis Lience # N	7934214	State	Ca	_
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone		Ce	ell Phone			Email				
Own/Rent	\$	Ye	ears There		Driv	ers Lience #		State		
Business Home Bas	sed?	No Locati	on: Lease/	Own Le	ased	Lease Terr	n	Monthl	y Rent	
Landlord / Mortgag	e Co					 Conta	ct			
Contact Phone	_			Cell			Email			
Bank Name/Branch	Chase E	Bank	Cont	tact			Phone			
Trade Reference#1	Contact					Phone				
Trade Reference#2			 Cont	tact			Phone			
Trade Reference#3			Cont	tact			Phone			
I hereby represent that all	the above in	formation is true and	d understand t	hat making fal	se stater	ments might be cons	sidered fraud. By provid	ding the abo	ve information, the	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 N	ame dan nelso	n Date	08/20/2019
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