

DBA Name	None		Legal Name	John S. Baker and Associates Insurance Agency, Inc.	
Type of Business	Insurance Broker		Tax ID	33-0700177 Corp	
Full Business Address	4564 30th St., San Diego, CA. 92116				
Full Billing Address					
Phone at Location	(619) 283-2035		Best Phone	(619) 283-2035 Fax (619) 283-2549	
Business Email	Kathy@jsbsd.sdcxmail.com		Website	www.johnsbakerinsurance.com	
Years In Business	20	Average Ticket		Gross Annual Sales	300,000.00
Do you currently have cash advance?	Yes	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	Kathy Hagerstrom		Title	President	
Date of Birth	10/22/1954		SSN	333-06-8294	
Full Home Address	2151 Haniman Dr., San Diego, CA. 92105				
Home Phone	(619) 283-2035	Cell Phone	(619) 606-6961	Email	Kathy@jsbsd.sdcxmail.com
Own/Rent	\$ 0 Own	Years There	22	Drivers Lience #	E0941487 State CA
Owner #2 Name	Jean M. Johnnton		Title	Vice President	
Date of Birth			SSN	520-64-2366	
Full Home Address	1301 S. Hale Ave., #76, Escondido, CA. 92029				
Home Phone	(760) 432-9342	Cell Phone		Email	jean@jsbsd.sdcxmail.com
Own/Rent	\$ Own	Years There	20	Drivers Lience #	N0786991 State CA

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	month to month	Monthly Rent	1,250.00
Landlord / Mortgage Co.	J & A Enterprises			Contact	Ann Baker		
Contact Phone	(619) 442-7111		Cell		Email		

Bank Name/Branch	Caifornia Bank and Trust	Contact		Phone	(800) 400-6080
Trade Reference#1	Staples	Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		Phone	

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

Kathy Hagerstrom

Date

09/22/2016