

DBA Name		Life Sports Fitness			Name	Life Sports Fitness			
Type of Business		Youth Development Program			D	46-0591110		Corp	
Full Business Addre	:SS	1401 NE 9th S	treet unit 58, For	t Lauderdale F	L 33304				
Full Billing Address									
Phone at Location		(954) 649-00	Best	Phone (954)	649-0020	Fax			
Business Email		campbell275	6@gmail.com		Website	www.lifesportsfitness.org			
Years In Business		7	Average Tick	ket		Gross Annual Sales 534,000.00			
Do you currently h	ave cash	advance?	Yes W	ith who? Chas	se		Balance 3600	0	
Current Credit Card	d Process	sor			Average F	Processing Volu	ıme		
Last Month Vol.		#of	Tickets	2n	d Month Vol.		#of Tickets		
3rd Month Vol.		#of	Tickets	4t	h Month Vol.		#of Tickets		
Owner #1 Name	Jared Ca			Title	President				
Date of Birth	09/11/1980 SSN 595-30-2858								
Full Home Address	1401 NE 9th Street, unit 58 Fort Lauderdale FL 33304								
Home Phone	(954) 64	9-0020 C	ell Phone -	(954) 649-0020	Email	campbe	ell2756@gmail.com		
Own/Rent	\$ <u>0 Ow</u>	<u>n</u> Y	ears There 2	Drive	rs Lience # <u>C5</u>	14-432-80-331-0	State FL		
O #2 No				T:H -					
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address Home Phone			ell Phone		Email				
			-	Dalica			Chaha		
Own/Rent	\$	Y	ears There	Drive	rs Lience #		State		
Business Home Bas	sed?	No Locat	tion: Lease/Own	Leased	Lease Term	ı	Monthly Rent	2,400.00	
Landlord / Mortgag	e Co	City of Fort Lauc	lerdale		Contac	it	Phil Peterson		
Contact Phone	<u>(</u>	954) 551-1107	Cell			Email	-		
Bank Name/Branch			Contact			Phone			
Trade Reference#1			Contact			Phone			
Trade Reference#2			 Contact			Phone			
Trade Reference#3			Contact			Phone			
I hereby represent that all	the above i	nformation is true ar		king false stateme	ents might be consi	dered fraud. By pro	oviding the above informa	tion, 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	Jared Campbell	Date	05/24/2017