

DBA Name		D'Amato B	uilders + Advisors	s LLC l	₋egal Name	D'Amato B	uilders + Adviso	rs LLC	
Type of Business		Construction			Tax ID	270132286	5	LLC	
Full Business Addre	SS	40 Connect	icut Avenue						
Full Billing Address									
Phone at Location		(860) 886-5545			Best Phone (86	50) 886-5545	Fax	(860) 885-3520	
Business Email		tbourdon@damatobuilders.com		com	Website	www.dama	www.damatobuilders.com		
Years In Business		Average Tio		icket _	ket		Gross Annual Sales 20,000,000.00		
Do you currently ha	ave cash a	advance?	Yes	With who?	Knight Capital		Balance	33977.44	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#	of Tickets		2nd Month Vo	l	#of Tick	ets	
3rd Month Vol.		#	of Tickets		4th Month Vo	l	#of Tick	ets	
Owner #1 Name	Michael D	D'Amato		Titl —	e Presider	nt			
Date of Birth	02201952	2		SSI	N 045-46-	3962			
Full Home Address	56 Green	cliff Drive							
Home Phone	(860) 608	3-1974	Cell Phone		Email	mda	mato@damatobu	ilders.com	
Own/Rent	\$ <u>0 Own</u>	1	Years There 1	.0	Drivers Lience #	142242399	State	СТ	
Owner #2 Name				Titl 	e				
Date of Birth				SSI	N				
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There _		Drivers Lience #		State		
Business Home Base	ed?	No Loca	ation: Lease/Own	Leased	Lease Term	15 years	Monthly Ren	6,500.00	
Landlord / Mortgage	Co. <u>[</u>	D'Amato Holo	lings LLC		Coi	ntact	Michael J. D'A	Amato	
Contact Phone	(80	60) 608-1974	1 Cell			_ Email	mdamato	@damatobuilders.com	
Bank Name/Branch			Contact			Phone			
Trade Reference#1			Contact			Phone			
Trade Reference#2			Contact			Phone			
Trade Reference#3			Contact			Phone			
I horoby represent that all	the above in	formation is true	and understand that	making falso st	atements might he c	oncidored fraud. By	providing the above	information, 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	Michael D'Amato	Date	05/17/2018
-				