

DBA Name		Bls Gen	esis Netwo	ork Inc	Le	egal N	lame	Bls G	enesis N	letwork In	C	
Type of Business		Real Est	 Ta	Tax ID		473295621			Corp			
Full Business Addre	ess	1 cross Is	sland Plaza	a, Rosedale I	NY 11422							·
Full Billing Address				-								
Phone at Location		(718) 52		Best Phone (347)) 898-44	450	Fax	(718) 5	27-0001	
Business Email		info@bl	sgenesis.c	om		W	/ebsite					
Years In Business		3		Average Ticl	ket			Gross	Annual	Sales	420,000.00	
Do you currently h	ave cash	advance?		No W	ith who? _					Bala	nce	
Current Credit Card	d Processo	or				_	Average	Process	sing Vol	ume	-	
Last Month Vol.			#of Ticke	ets		2nd	Month Vol.			#of 7	Γickets	
3rd Month Vol.			#of Ticke	ets		4th	Month Vol.			#of 7	Γickets	
Owner #1 Name	Al Braide				Title	<u> </u>	Broker					
Date of Birth	06/20/57				SSN		055-88-83	860				
Full Home Address	7 dorlon	place, Bald	win 11510									
Home Phone	(718) 527		Cell Ph	ione	(347) 898-4	1450	Email		albraid	e@gmail.co	om	
Own/Rent	\$ 0 Owr	1	 Years	There 3	D	rivers	 Lience #8	9392469)1	State	New Yo	rk
Owner #2 Name					Title	:						
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Ph	ione -			Email —					
Own/Rent	\$		_ Years	There	D	rivers	Lience # _			State		
Business Home Bas	sed?	No	Location:	Lease/Own	Leased		_Lease Terr	m _		Mont	hly Rent	
Landlord / Mortgage	e Co. <u>l</u> \	y Realty					Conta	act		718-712-	1000	
Contact Phone	_			Cell	_				Email	_		
Bank Name/Branch	capital	one		Contact				Pł	none			
Trade Reference#1 Contact				Contact				 Pł	none			_
Trade Reference#2				Contact				— Pł	none			
Trade Reference#3				Contact				 Pł	none			
I hereby represent that all	the above in	formation is	true and und	lerstand that ma	king false sta	tement	s might be con	sidered fr	aud. By pr	oviding the a	bove information	on, 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	Al Braide	Date	04/12/2017