MoneyWorks >>	Sales Rep: Jolis

DBA Name		Bella Pools & Fence LLC		_Legal Name		Bella Pools & Fence LLC			
Type of Business Pools & Spa Maintenance		Tax IE	)	465420479		LLC			
Full Business Addre	ess	15 west main	n st f102 Norwa	alk, CT 0685	1				
Full Billing Address									
Phone at Location		(203) 505-2262			Best	Phone (203)	904-0619	Fax	
Business Email		bellapoolsir	nc@gmail.com		Website		bellapoolsandfence.com		
Years In Business		3	Average	Ticket			Gross Annual Sa	les <u>86,700.0</u> 0	0
Do you currently h	ave cash	advance?	No	With who	?			Balance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#c	of Tickets		2nd	l Month Vol.		#of Tickets	
3rd Month Vol.		#c	of Tickets _		4th	Month Vol.		#of Tickets	
Owner #1 Name	Jacob Ge	tman		Ti	tle	President			
Date of Birth	11/23/88			 S:	5N	347-82-51	54		
Full Home Address	140 Beac	chview Ave 284	Bridgeport CT 06	<del></del> 5605					
Home Phone	(203) 505	5-2262	Cell Phone			Email	bellapools	inc@gmail.com	
Own/Rent	\$ 0 Ren	t	Years There	1.5	Driver	 s Lience #23	88119931	State conn	ecticut
Owner #2 Name				Ti	tle				
Date of Birth				S	5N				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		_Driver	s Lience #		State	
Business Home Bas	sed?	Yes Loc	ation: Lease/O	wn <u>Leas</u> e	ed	Lease Tern	n 12 months	Monthly Rent	1,700.00
Landlord / Mortgag	e Co. <u>F</u>	rank D'Andre	a			Conta	ct <u>Fr</u>	ank	
Contact Phone				Cell	(914)	320-6228	Email	-	
Bank Name/Branch	TD Fair	field	Conta	ct			Phone		
Trade Reference#1			Conta	ct			Phone		
Trade Reference#2			 Conta	ct			Phone		
Trade Reference#3			Conta	ct			Phone		
		<u> </u>		<del>-</del>				ling the above informa	

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	Jacob Getman	Date	10/26/2016