MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	
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DBA Name		Superco	oups			Le	egal N	ame	Direct H	ome Ad	dvertising	]			
Type of Business 1800BUSYDOG				 Та			042825445				С	Corp			
Full Business Address 35 North Street															
Full Billing Address	•														
Phone at Location								Best Phone (617)		3	Fax				
Business Email		ron@couponne.com					Website		Supercoups.com						
Years In Business		46 Average			Ticket				Gross Annual Sales 360,0			360,00	0.00		
Do you currently ha	ave cash a	idvance?		No	Wi	th who? _					Bala	nce			
Current Credit Card	l Processo	r					_	Average	Processin	g Volur	ne				
Last Month Vol.			#of Tick	cets			2nd I	Month Vol.			#of T	ickets			
3rd Month Vol.			#of Tick	cets			4th N	Month Vol.			#of T	ickets			
Owner #1 Name	ron Bened	letti				Title	<u> </u>	President							
Date of Birth	07/24/195	1			_	SSN		011-42-81	69						
Full Home Address	24 Spring	Valley Rd													
Home Phone	(617) 633-	-6743	Cell P	hone	(6	617) 633-6	5743	Email	r	on@cou	ponne.cor	n			
				Horic		017, 033 0				onecou	porific.coi	• •			
Own/Rent	\$ <u>0 Own</u>				20	,		Lience #S	_	011@000	_State		assachuse	etts	
	\$ <u>0 Own</u>					D	rivers	_	_	onecou	·		assachuse	etts_	
Owner #2 Name	\$ <u>0 Own</u>					D	rivers	_	_	011@000	·		assachuse	etts_	
Owner #2 Name Date of Birth	\$ <u>0 Own</u>					D	rivers	_	_		·		assachuse	etts_	
Owner #2 Name	\$ <u>0</u> Own			s There		D	rivers	_	_	011@204	·		assachuse	etts_	
Owner #2 Name Date of Birth Full Home Address	\$ <u>0 Own</u>		Years	s There		D Title	Privers	Lience # S	_		·		assachuse	etts_	
Owner #2 Name Date of Birth Full Home Address Home Phone	\$		Cell P	s There	20	D Title	Orivers	Lience # S	61529460	onige cou	State State			etts_	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent	\$ed?		Cell P	s There	20	Title SSN	Orivers	Lience # S	61529460 ————————————————————————————————————		State State	<u>Ma</u>		etts_	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	\$ed?		Cell P	s There hone s There : Lease/Ov	20	Title SSN	Orivers	Email Lience #	61529460 ————————————————————————————————————	- Email	State State	<u>Ma</u>		etts_	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent  Business Home Bas Landlord / Mortgage	\$ed?	Yes	Cell P Years	s There hone s There : Lease/Ov	220	Title SSN	Orivers	Email Lience #	61529460 ————————————————————————————————————	_ Email	State State	Mi	nt	etts_	
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Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent  Business Home Bas Landlord / Mortgage Contact Phone  Bank Name/Branch	\$ecoTDBank Spectrui	Yes - West R	Cell P Years Location	s There chone s There : Lease/Ov	220	Title SSN  D  Leased	Orivers	Email Lience #	m	Email one	State Month (617) 32	 nly Rer 23-221 27-004	2 2	etts_	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent  Business Home Bas Landlord / Mortgage Contact Phone  Bank Name/Branch Trade Reference#1	\$ed?TDBank Spectrui Group MSpark	Yes - West R m Marke	Cell P Years Location	conta	220vvn	Title SSN  D  Leased	Orivers	Email Lience #	m ct Pho	Email one one one	State Month (617) 32 (603) 62		2 2	etts_	

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	ron Benedetti	Date	10/01/2019