MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	
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DBA Name		Benningt	on pizza Pla	ıza	L	egal N	lame	HLHEnterp	orise		
Type of Business		Restaura	nt		Т	ax ID		45471142	1		Corp
Full Business Addre	SS	647 fox h	ill rd								
Full Billing Address		-									
Phone at Location		(802) 73	3-4375			Best F	Phone (802)	733-4375	_ Fax		
Business Email		ahalkias(	@ymail.com	l		V	Vebsite				
Years In Business		100	Av	erage Ti	cket _			Gross Annu	ıal Sales	390,000.0	00
Do you currently ha	ave cash	advance?	No	,	With who? _				В	alance	
Current Credit Card	d Processo	or	_			_	Average	Processing \	/olume		
Last Month Vol.			#of Tickets			2nd	Month Vol.		#0	of Tickets	
3rd Month Vol.			#of Tickets			4th	Month Vol.		#0	of Tickets	
Owner #1 Name		os halkias			Title -		Owner				
Date of Birth	16-07-19				SSN -		008-48-327	77			
Full Home Address	647 fox h										
Home Phone		(802) 733-4375 Cell Phone		(802) 733-4375 Email		halkias1970@gmail.com					
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	Years Th	ere		rivers	Lience #	State			
Owner #2 Name					Title	<b>.</b>					
Date of Birth					- SSN						
Full Home Address					-						
Home Phone			Cell Phon	<u> </u>			Email				
Own/Rent	\$		— Years The	ere _		rivers	Lience #		State		
Business Home Bas	od?	No L	ocation: Le	aco/Own	Leased	<u> </u>	Lease Tern	2	Mc	onthly Rent	
				ase/Owi	<u>Leased</u>		_ Lease Telli			nitilly Kellt	
Landlord / Mortgage	e Co. <u>B</u>	IS Benning	ı lc				Conta	ct			
Contact Phone	<u>(:</u>	330) 450-7	000	Ce	ll <u> </u>			_ Em	ail		
Bank Name/Branch	People	United bar	ık	Contact				Phone			
Trade Reference#1				Contact				– Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact				– Phone			

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 authorized in 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	athanasios halkias	Date	02/20/2017