

DBA Name	Beds N More			Legal Name		Beds N More			_
Type of Business	siness retail			Tax	(ID	472421858		Sole Prop	р
Full Business Address 144 Highland Ave Malden Ma 02148									
Full Billing Address									_
Phone at Location	(781) 605-1751			Best Phone (857)		869-6669	Fax	(781) 605-2750	_
Business Email	bedsnmore1@comcast.net				Website		.com		_
Years In Business	1.6	<u> </u>	Average Ticl	ket		Gross Annual	Sales 15	50,000.00	_
Do you currently h	ave cash adv	ance?		Wit	th who?		_	Balance	_
Current Credit Card Processor					Average	Processing Vol	ume _		_
Last Month Vol.		#of Tick	ets	2	2nd Month Vol.		#of Tic	kets	_
3rd Month Vol.		#of Tick	ets		4th Month Vol.		#of Tic	kets	_
Owner #1 Name	Lisa Valeri			Title	owner				
Date of Birth				SSN	012-64-78	87			_
Full Home Address	20 old colony	drive wakefield r	ma 01880	3314					_
Home Phone	(857) 869-66			(857) 363-02	06 Email	bedsn	more1@comca	ast.net	_
Own/Rent	\$ 0 Own	Years	There 2	Dri	 vers Lience # s	 77079412	State	ma	_
					_				
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell P	hone _		Email				
Own/Rent	\$	Years	There	Dri	vers Lience #		State		
Business Home Bas	ed? No	Location:	Lease/Own	Leased	Lease Terr	n	Monthl	y Rent	
Landlord / Mortgage	e Co. <u>a. sp</u>	adafora			Conta	ict	albert		
Contact Phone	<u>(781</u>) 324-8900	_ Cell			Emai	l		_
Bank Name/Branch	rockland tr	ust	Contact	lucy		Phone			
Trade Reference#1	wooden splinter Contact			rick		 Phone	(207) 929-	5581	_
Trade Reference#2	spring air		Contact	arthur		— Phone	(617) 884-	0041	_
Trade Reference#3	broadview	contracting	- Contact	rob		Phone	(774) 263-	5356	_
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)									

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	Lisa Valeri	Date	07/13/2016