

DBA Name		L. I Redemption	n Center LLC	Le	egal Name	L.I Redemption	Center LLC	
Type of Business		bottle and can redemption cente			ax ID	471233579		LLC
Full Business Addre	ess	84 albany ave fi	eeport ny 1152	0				
Full Billing Address								
Phone at Location		(516) 439-7070			Best Phone		Fax	
Business Email		longislandrede	mption@gmail.	com	Website			
Years In Business		4	Average Tick	cet		Gross Annual Sa	ales <u>130,000.00</u>	
Do you currently h	ave cash	advance?	No W	ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volum	ne	
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
								-
Owner #1 Name	ISAAC MA			Title				
Date of Birth	01/17/19			SSN	125-48-64	12		
Full Home Address		lon tnpke freeport						
Home Phone	(516) 439	9-7070 Cel	l Phone –		Email	LONGISLA	ANDREDEMPTION@GMA	IL.COM
Own/Rent	\$ <u>0 Own</u>	Yea	ars There 10+	·D	rivers Lience # $\frac{24}{2}$	47773663	State ny	
Owner #2 Name				Title				
Date of Birth				SSN				_
Full Home Address				3311	-			
Home Phone		Cel	I Phone		Email			
Own/Rent	\$		ars There		rivers Lience #		State	
Ownyment	Ψ <u></u>				- Inverse Eleffee #			
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgag	e Co. <u>b</u>	ob bloom			Conta	ct <u>1</u>	9176993031	
Contact Phone			Cell			Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			Contact	_		Phone		
Trade Reference#2			— Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true and	understand that ma	king false sta	tements might be cons	sidered fraud. By provi	ding 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 N	ame ISAAC MANN	Date	06/05/2017
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