

DBA Name		Nar Lake	eland LLC		Le	egal N	Name	Nar Lakelan	d LLC		
Type of Business		electror	nics		T	ax ID	1	0			LLC
Full Business Addre	:SS	1950 SW	60 Place	Miami Fl 33	155						
Full Billing Address											
Phone at Location		(305) 69	91-5575			Best	Phone		Fax		
Business Email						V	Vebsite				
Years In Business		2		Average Tid	cket			Gross Annua	Sales	6,000,000.00	
Do you currently h	ave cash	advance?		No	With who? _				_ Bala	ance	
Current Credit Card	d Process	or				_	Average	Processing Vo	lume		
Last Month Vol.			#of Ticke	ets		2nd	Month Vol.		_ #of -	Tickets	
3rd Month Vol.			#of Ticke	ets		4th	Month Vol.		_ #of -	Tickets	
Owner #1 Name	Daylen A	ırman			Title	!	Owner				
Date of Birth	08/22/83	<b>!</b>			SSN		768-14-320	62			
Full Home Address	1950 60	place Miam	ii fl 33155								
Home Phone	(305) 87	3-3701	Cell Ph	none			Email	patric	k@moneywo	orksdirect.com	
Own/Rent	\$ <u>0 Ow</u>	\$ 0 Own Years There		Drivers Lience #		State					
Owner #2 Name					Title -	!					
Date of Birth					SSN -						
Full Home Address											
Home Phone			Cell Ph	none			Email —				
Own/Rent	\$ Own		_ Years	There	D	rivers	Lience #		State		
Business Home Bas	sed?	No	Location:	Lease/Own	Leased		Lease Tern	n	Mont	hly Rent	
Landlord / Mortgag	e Co.						Conta	ct	-		
Contact Phone	_			. Ce	II _			_ Emai	ı		
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 ir	nformation is	true and unc	derstand that m	naking false sta	itemen	its might be cons	idered fraud. By n	roviding the a	hove information, t	he 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	Daylen Arman	Date	02/26/2020