

DBA Name		The Flooring Team LLC		Legal Name		The Flooring	The Flooring Team LLC		
Type of Business		Flooring		Tax ID		47-3504148	47-3504148		
Full Business Addre	SS	16323 29th p	lace ne						
Full Billing Address									
Phone at Location (425) 737-3149		.49	E	Best Phone (42	25) 737-3149	Fax			
Business Email		oldknees2@l	notmail.com		Website				
Years In Business		25	25 Average Ticket Gross Annual Sales 550,000.00				0,000.00		
Do you currently ha	eve cash	advance?	No V	With who? _			Balanc	e	
Current Credit Card			Averaç	ge Processing Vo	lume _				
Last Month Vol.		#of	Tickets		2nd Month Vo	ol	#of Ticl	cets	
3rd Month Vol.		#of	Tickets		4th Month Vo	l	#of Ticl	cets	
Owner #1 Name	Samuel D	DiMaggio		Title	Preside	nt			
Date of Birth	1217196			SSN	539-68-	-9946			
Full Home Address	16323 29	9th place ne							
Home Phone	(425) 737	7-3149 (Cell Phone	(425) 737-3	149 Email	oldkn	ees2@hotmail.c	om	
Own/Rent	\$ 0 Owr	<u> </u>	Years There 1	D	rivers Lience #	Dimagsd379rp	State	Washington	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There	D	rivers Lience #		State		
Business Home Bas	ed?	Yes Loca	tion: Lease/Own	Owned	Lease Te	erm	Monthly	Rent	
Landlord / Mortgage	e Co. <u>E</u>	NVOY Mortgag	je		Cor	ntact	Kris Elledge		
Contact Phone	<u>(8</u>	855) 207-5562	Cel	l <u> </u>		Emai	1 <u> </u>		
Bank Name/Branch	us bank	Monroe wa.	Contact	Richard		Phone	(360) 794-2	2090	
Trade Reference#1	Commerical Interiors Contact		Jeff Cummings		Phone	(206) 948-1157			
Trade Reference#2	Comme	ommerical Interiors Contact		Mike Stipex		Phone	(206) 550-8757		
Trade Reference#3	Appex I	Flooring	Contact	Tim Bart	cholamew	Phone	(206) 391-1	1994	
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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	Samuel DiMaggio	Date	08/01/2018