MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
VIOLEY VOINS	Sales Rep: Sean

DBA Name		Pathmark	HR, Inc		Legal Name		Pathmark HR, Inc		
Type of Business		Service			Tax ID		81-4987330		Corp
Full Business Addre	:SS	688 Meridia	n Ave, Suite 90	0 Miami FL 3	3139				
Full Billing Address									
Phone at Location		(941) 227-	7630		Best Phone	(941) 2	227-7630 F	ax	(614) 416-8192
Business Email					Website		www.pathmarkhr.c	com	
Years In Business		7	Average	Ticket			Gross Annual Sales	18,0	00,000.00
Do you currently h	ave cas	h advance?	Yes	With who?	Cap Call / Ma	antis		Balance	20,000
Current Credit Card	d Proces	ssor			Ave	erage P	rocessing Volume	_	
Last Month Vol.		#	of Tickets		2nd Month	Vol.	;	#of Ticke	ets
3rd Month Vol.		#	of Tickets		4th Month	Vol.	;	#of Ticke	ets
Owner #1 Name	Robert	O. Renzetti		Tit	ile own	er			
Date of Birth	8/12/19	936		SS	SN 297-	-32-417	3		
Full Home Address	5037 O	akland Hills Ave	e Sarasota FL 342	34					
Home Phone	(614) 5	81-2211	Cell Phone		Ema	iil	rschilg@path	ımarkhr.cı	om
Own/Rent	\$ <u>0 O</u>	wn	Years There		Drivers Lience	# R52	23774362920 Sta	ate	Florida
Owner #2 Name				Tit					
Date of Birth				SS					
Full Home Address									
Home Phone			Cell Phone		Ema	iil			
Own/Rent	\$		Years There	-	Drivers Lience	#	Sta	ate	
Business Home Bas	sed?	No Lo	cation: Lease/C)wn <u>Lease</u>	ed Lease	e Term		Monthly	Rent
Landlord / Mortgag	e Co.	Phil Richman				Contac	t		
Contact Phone		(614) 419-04	60	Cell			Email		
Bank Name/Branch			Conta	act			Phone		
Trade Reference#1			 Conta	act			Phone		
Trade Reference#2			 Conta	act			Phone		
Trade Reference#3			Conta	act			Phone		
I hereby represent that all	the above	information is tru	e and understand th	at making false s	tatements might	he consid	dered 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	Robert O. Renzetti	Date	04/04/2018