

DBA Name Type of Business		mias Resturant			Legal Name			Valentinos. D.B.A Mias			
					Tax ID			472604295			Corp
Full Business Addre	!SS	8424 13t	h ave								
Full Billing Address											
Phone at Location		(917) 837-4720			Best Phone (917)			837-4720 Fax			
Business Email						Web	site				
Years In Business	5 Average Ti			Average Tic	icket (Gross Annual Sales 180,000.00			00
Do you currently ha	ave cash	advance?	1	No V	With who? _				Ba	alance	
Current Credit Card	d Process	or	-			_	Average F	Processing V	olume		
Last Month Vol.			#of Ticket	ts		2nd Mo	nth Vol.		#o	f Tickets	
3rd Month Vol.			#of Ticket	ts		4th Mo	nth Vol.		<u></u> #o	f Tickets	
Owner #1 Name	Tracy Pa	nathos			Title	, ,	Owner				
Date of Birth	03/08/19				SSN	-	110-11-p52	6			
Full Home Address	2welles o	court				_	<u> </u>				
Home Phone	(917) 83	7-4720	Cell Pho	one	(917) 837-4	1720	Email	Vam	p6114@iclo	oud.com	
Own/Rent	\$ 0 Ren	it	— Years T	here 5	D	rivers Lie	ence # <u>31</u>	7203338	State		
Owner #2 Name					Title	_					
Date of Birth					SSN.	_					
Full Home Address											
Home Phone			Cell Pho	one			Email				
Own/Rent	\$		Years 7	here	D	rivers Lie	nce #		State		
Business Home Bas	sed?	No	Location: I	_ease/Own	Leased	Le	ease Term	5	Мо	nthly Rent	2,900.00
Landlord / Mortgage	e Co. <u>N</u>	1ethod rea	lty				Contac	it			
Contact Phone	_			Cel	ı <u> </u>			_ Ema	ail <u>-</u>		
Bank Name/Branch	Chase			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	nformation is t	rue and unde	erstand that m	aking false sta	tements m	night he consi	dered fraud. By	nroviding the	ahove informa	ation 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	Tracy Panathos	Date	07/17/2019
-------------	--------------	----------------	------	------------