

DBA Name		Starz Italian Restaurant & Pub				Le				Starz Acquisition LLC				
Type of Business	Restaurant				T	Tax ID			46-3283746			l	LLC	
Full Business Address 8750 Gladiolus Dr. Ste 1 FT.Myers, FL 33908														
Full Billing Address														
Phone at Location (239) 482-3105				5 F			Best Phone (239)		9) 841-	2385	Fax			
Business Email	davidvirginia526@gmail.co				om		Website		starzpizzeria.com					
Years In Business		4		Average Ticket		et			Gross Annual Sales <u>1,536,000.00</u>			)0		
Do you currently ha	ave cash	advance?	•	No	Wi	th who? _					Bala	ance		
Current Credit Card Processor							_	Average	e Proce	ssing Vol	ıme			
Last Month Vol.	ast Month Vol.			kets _				2nd Month Vol.		#of Tickets				
3rd Month Vol.			#of Tic	kets _			4th	Month Vol.			#of	Tickets		
Owner #1 Name	David V	'irginia				Title	<u> </u>	Managing	g owner					
Date of Birth	05/26/1	950				SSN		2764-6-	64					
Full Home Address	14801 Park Lake Dr. # 306 FT.Myers, FL 33919													
Home Phone	(239) 84	41-2385	Cell	Phone	(2	239) 841-2	2385	Email		davidv	rginia526@	gmail.com		
Own/Rent	\$ 0 Rent Years			rs There	Drivers Lience #				V625-172-50-180-0 State FL					
Owner #2 Name	Cheryl A	A Virginia				Title	!	owner						
Date of Birth						SSN		2995-0-	65					
Full Home Address	14801 Park Lake Dr. # 306 FT.Myers, FL 33919													
Home Phone			Cell	Phone	(2	239) 834-7	7802	Email		cheryl.	virginia@g	mail.com		
Own/Rent	\$ Rent		_ Yea	rs There	4	D	rivers	Lience # \(\)	V625-10	)1-50-803-0	State	<u>FL</u>		
Business Home Bas	sed?	No	Locatio	n: Lease/O	wn	Leased		_Lease Ter	rm		Mont	thly Rent		
Landlord / Mortgage	e Co.	Colliers In	ternation	al				Cont	act		Cathie M	iller		
Contact Phone	-	(941) 554	-1497	_	Cell	<u>(9</u>	941) 5	554-1497		Email	<u>ca</u>	athie.miller@	ocolliers.co	om_
Bank Name/Branch Well Fargo /			Conta	ict					Phone					
Trade Reference#1 Sysco				Conta	ict					Phone	(800) 79	7-2655		
Trade Reference#2 Pair-A-Dice Produce			— Conta	ict	John				Phone	(239) 46	66-4464			
Trade Reference#3	#3 Opici Familt Distributers			Conta	ict					Phone	(800) 33	30-9463		
I hereby represent that all	the above	information is	true and u	nderstand the	at mak	ing false sta	temen	ts might be cor	nsidered	fraud. By pro	oviding the a	above information	on, the application	ant(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	David Virginia	Date	09/27/2017