

DBA Name Pizza Time			ne		Le	gal Name	Pizza Time P	Pizza Time Pizza LLC		
Type of Business		food			Tax ID		82-2452522		LLC	
Full Business Addre	SS	501 w feli	cita ave, s	suite 103						
Full Billing Address			·							
Phone at Location (760) 230-944			0-9445		E	Best Phone (760	) 877-5683	Fax		
		ptpllc501	ptpllc501@cox.net					www.pizzatimepizza.com		
Years In Business 3			,	Average Ticket			Gross Annual Sales 278,000.00		00	
Do you currently ha	ave cash a	advance?	<del></del>	No V	/ith who?			Balance		
Current Credit Card Processor					_		Processing Vol			
Last Month Vol.			#of Ticke	ts		- 2nd Month Vol.		#of Tickets		
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Tickets		
O #1 No	Mautin as				T:11 a					
Owner #1 Name  Date of Birth	02/26/197				Title SSN	president 341-62-45				
Full Home Address	1164 idah				3311		129			
Home Phone	(760) 877		Cell Pho	nne	(760) 877-5	683 Email	ntalla	501@cox.net		
Own/Rent	\$ 0 Rent		— Years 1	-			2206967	State ca		
	·					_		<del>_</del>		
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone	Cell Ph			hone		Email				
Own/Rent	\$		Years	There	D	rivers Lience # _		State		
Business Home Bas	ed?	No L	ocation:	Lease/Own	Leased	Lease Ter	m 3 years	Monthly Rent	4,000.00	
Landlord / Mortgage	e Co. S	trategic M	anageme	nt		Conta	act	Jack		
Contact Phone	3)	358) 842-4	435	Cell			Emai	l jack@strate	egicamg.com	
Bank Name/Branch	wells Fa	ırgo		Contact	george		Phone	(760) 291-2080		
Trade Reference#1 concord				Contact	Rick		— Phone	(909) 975-2000	_	
Trade Reference#2 Jacmar				Contact	doug		— Phone	(626) 430-9082		
Trade Reference#3				Contact			Phone			
I hereby represent that all	the above in	formation is t	rue and unde	erstand that ma	king false stat	tements might he con	sidered fraud. By n	roviding the above 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	Martin seglin	Date	02/25/2020
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