

DBA Name	Same		Legal Name	Lovetere & Associates LLC	
Type of Business	Consultant & Risk Management		Tax ID	30-0329132	LLC
Full Business Address	315 West 57 th street NYC 10019				
Full Billing Address					
Phone at Location	(212) 757-5045		Best Phone	(917) 836-1431	Fax (201) 624-1675
Business Email	Lovetereassoc@yahoo.com		Website	None	
Years In Business	17	Average Ticket		Gross Annual Sales	125,000.00
Do you currently have cash advance?	Yes	With who?	Merchants Capital and Cresthill		Balance 12,000 total
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

<b>Owner #1 Name</b>	Thomas Lovetere		Title	President	
Date of Birth	05/10/1952		SSN	106-44-6609	
Full Home Address	4 At Port Imperial West NY, NJ 07093				
Home Phone	(917) 836-1431	Cell Phone	(917) 836-1431	Email	lovetereassoc@yahoo.com
Own/Rent	\$ 0 Rent	Years There	917 836 1431	Drivers Lience #	L68557406605522 State New Jersey
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Elite		Contact	Thomas	
Contact Phone	(212) 757-5042	Cell	(646) 641-7862	Email	TLdds@gmail.com

Bank Name/Branch	Chase Bank	Contact	Renee	Phone	(800) 935-9935
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		Phone	

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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 Thomas Lovetere Date 01/19/2017