

DBA Name		Don leos			Le	gal Name		Don leos place i	nc		
Type of Business		Restaurant			Tax ID			463092757			Corp
Full Business Addre	ss <u> </u>	648 sound	view avenue								
Full Billing Address											
Phone at Location		(718) 450	-9269		B	Best Phone	(917)	900-2454	Fax		
Business Email		Michelle.r	od89@gmail.co	m		Website					
Years In Business	<u>:</u>	3	Average	e Ticket	t		_ (Gross Annual Sal	es <u>5</u>	00,000.00	
Do you currently ha	ave cash a	dvance?	No	With	n who? _				Balan	ce	
Current Credit Card	d Processo	r				Ave	rage P	rocessing Volum	e		
Last Month Vol.		#	of Tickets			2nd Month	Vol.		#of Tid	kets	
3rd Month Vol.		#	of Tickets			4th Month	√ol.		#of Tid	kets	
Owner #1 Name	Michelle R	odriguez			Title	Mrs					
Date of Birth	27031988				SSN		76-5492)			
Full Home Address		ersity avenu	ue apt 6k		33.1			-			
Home Phone	(917) 900-		Cell Phone			Emai		michelle.re	od89@gm	ail.com	
Own/Rent	\$ 0 Rent		— Years There	2	Dr	rivers Lience	# 590		State	New york	
											_
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone			Emai	I				
Own/Rent	\$		Years There		Dr	rivers Lience	#		State		
Business Home Bas	ed?	No L	ocation: Lease/0	Own	Owned	Lease	Term		Monthl	y Rent	
Landlord / Mortgage	e Co					(Contact	t			
Contact Phone	_			Cell				Email			
Bank Name/Branch			Cont	act				Phone			
Trade Reference#1			Cont	act –				Phone			
Trade Reference#2			Cont	act –				Phone			
Trade Reference#3			Cont	act _				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 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	Michelle Rodriguez	Date	12/09/2016