

DBA Name		STAR LOUNG	 E	Le	gal Name	C&Z ENTERPR	RISE	
Type of Business		RESTAURANT LOUNGE		Tax ID		811844730		Corp
Full Business Addre	SS	115 N 21ST A\	/E HOLLYWOOD F	L 33020				·
Full Billing Address	•							
Phone at Location		(305) 924-2023		Best Phone (561)		360-4244	Fax	
Business Email					Website			
Years In Business		1	Average Tick	cet		Gross Annual S	Sales 200,000.00	
Do you currently ha	ave cash a	advance?	No W	ith who? _			Balance	
Current Credit Card Processor					Average	Processing Volu	me	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	GREGORE	CELESTIN		Title	OWNER/VP) 		
Date of Birth	07/19/198	38		SSN	589-81-990	01		
Full Home Address	56136042	244						
Home Phone	(561) 360)-4244 C	ell Phone		Email	GREGO	RE39@GMAIL.COM	
Own/Rent	\$ <u>0 Own</u>	<u> </u>	ears There	Drivers Lience #			State	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		C	ell Phone		Email			
Own/Rent	\$		ears There	Drivers Lience #			State	
Business Home Bas	ed?	No Loca	tion: Lease/Own	Leased	Lease Tern	n 4 YEARS	Monthly Rent	
Landlord / Mortgage	e Co.				Conta	ct		
Contact Phone	_		Cell			Email		
Bank Name/Branch	WELLS F	FARGO	Contact	RONALD	JOSEPH	Phone	(954) 467-5381	
Trade Reference#1			 Contact			– Phone		
Trade Reference#2			—— Contact			_		
Trade Reference#3			Contact			Phone		
I haraby raprocent that all	the above int	formation is true as	ad understand that ma	king falso stat	amonts might be seen	idered fraud. By pro	viding the above information	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 GREGORE CELESTIN Date 01/10/20)17
---------------------------------------------------------	-----