MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
	Suics Rep. Julium

DBA Name		Orange County Jewish Life LLC			egal Name	Orange County Jewish Life LLC			
Type of Business		Magazine publishing			ax ID	20-5201912			LLC
Full Business Addre	:SS	1 Federation							
Full Billing Address			<u> </u>						
Phone at Location	(949) 734-5074			E	Best Phone		Fax	(949)	435-3435
Business Email	il mody.gorsky@gmail.co		xy@gmail.com		Website	www.jlifeoc.co	om		
Years In Business		13	Average Ti	icket		Gross Annual S	Sales <u>5</u>	00,000.00	0
Do you currently ha	ave cash a	advance?	No	With who? _			Balan	ce	
Current Credit Card	d Processo	or			Average	Processing Volu	me		
Last Month Vol.		#c	f Tickets		2nd Month Vol.		#of Tid	ckets	
3rd Month Vol.		#c	f Tickets		4th Month Vol.		#of Tid	ckets	
Owner #1 Name	Mody Gor	skv		Title	Publisher				
Date of Birth	04111973			_ SSN		12			
Full Home Address	25 Via Pa	usa		_					
Home Phone	(949) 812	-1891	Cell Phone		Email	mody.g	orsky@gmai	l.com	
Own/Rent	\$ 0 Own		Years There <u>1</u>	D	rivers Lience # D	5944281	State	Califor	nia
Owner #2 Name				Title					
Date of Birth				SSN -					
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$ Own		Years There	D	rivers Lience #		State		
Business Home Bas	sed?	No Loc	ation: Lease/Owi	n <u>Leased</u>	Lease Terr	n <u>y</u> ear to ye	ear_Monthl	y Rent	1,094.00
Landlord / Mortgage	e Co. <u>Je</u>	wish Commu	ınity Center		Conta	ict .	949-435-34	400	
Contact Phone	_		Ce	ell _		Email			
Bank Name/Branch			Contact	<u> </u>		Phone			
Trade Reference#1			 Contact	•		Phone			
Trade Reference#2			 Contact			– Phone			
Trade Reference#3			Contact	<u> </u>		Phone			
I hereby represent that all	the above in	formation is true	and understand that r	making false sta	tements might be cons	sidered fraud. By pro	viding the abo	ve informat	ion, 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	Mody Gorsky	Date	04/18/2018
Signature#1	Printed Name	Mody Gorsky	Date	04/18/2