

DBA Name	stravinos italian market		Le	gal Name	Stravinos italian market llc		
Type of Business specialty / deli			Ta	x ID	47-5472885		LLC
Full Business Addres	ss 269 5th Street V	Vhitehall ,pa 180)52				
Full Billing Address							
Phone at Location	(610) 432-2551			est Phone (484) 955-6316 Fax (610) 782-9272			
Business Email	stravinositaliar	stravinositalianmarket@gmail.com		Website	stravinositalianmarket.com		
Years In Business	2yrs	Average Ticket			Gross Annual Sales 625,000.00		,000.00
Do you currently ha	ve cash advance?	No Wi	th who? _			Balance	
Current Credit Card	Processor			Average I	Processing Vol	ume	
Last Month Vol.	#of Ti	ckets		2nd Month Vol.		#of Ticke	ets
3rd Month Vol.	#of Ti	ckets		4th Month Vol.		#of Ticke	ets
Owner #1 Name	Giovanni Morganti		Title	owner			
Date of Birth	05-25-1961		SSN	SSN 190-48-2184			
Full Home Address	608 beach street Reading pa. 19605						
Home Phone	(610) 432-2551 Cel	l Phone (4	484) 955-63	316 Email	stravin	ositalianmarket	@gmail.com
Own/Rent	\$ 0 Own Ye	Own Years There over 2 yrs Drivers Lience # 19377410 State Pa				<u>Pa</u>	
							
Owner #2 Name Date of Birth			Title SSN				
Full Home Address			3311				
Home Phone	Cel	I Phone		Email			
Own/Rent		ars There	Dr	ivers Lience #	-	State	
				_			
Business Home Base	ed? <u>No</u> Location	on: Lease/Own	Leased	Lease Term	n <u>til 9-201</u>	9 Monthly	Rent <u>1,600.00</u>
Landlord / Mortgage	Property of the Co. Don or suzette st	ravino		Conta	ct	same as above	ve
Contact Phone	(484) 650-2150	Cell	(48	84) 650-2150	_ Email		
Bank Name/Branch	Tillman st. allentown pa	Contact	mgr		Phone		
Trade Reference#1	viciduomi usa	Contact	mario Vi	ciduomi	Phone	(484) 894-80	041
Trade Reference#2	South Italy Imports	Contact	Bill Binzo	ak	Phone	(610) 657-42	295
Trade Reference#3	premier meats	Contact	benny		Phone	(201) 741-32	226

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	Giovanni Morganti	Date	10/31/2017
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