

DBA Name	KASSOU INTERIO		ORS		gal Name	A D SUPER STORE		
Type of Business FURNITURE RET		TAIL		x ID	46-2257923		Sole Prop	
Full Business Addre	ss 1	L914 BON VIEW (ONTARIO CA 9:	1761				
Full Billing Address								
Phone at Location		(909) 205-6414			est Phone	Fax		
Business Email	KASSOUINTERIO		RS@YAHOO.C	ОМ	Website	WWW.KASSOUINTERIORS.COM		
Years In Business	2	2	Average Tick	cet		Gross Annual Sales 346,000.00		
Do you currently ha	ave cash a	dvance?	Yes W	ith who? <u>F</u>	ORA/YELLOWSTO	RE	Balance <u>1450</u>	0.00
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#of Ticl	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ticl	kets		4th Month Vol.		#of Tickets	
Owner #1 Name		OUF DAHAN		Title	OWNER			
Date of Birth	10-31-1963			SSN 624-36-9802				
Full Home Address	2829 VIA CORVIA ONTARIO CA 91764							
Home Phone	(909) 205-6414 Cell Phone Email KASSOUINTERIORS@YAHOO.COM					COM		
Own/Rent	\$ <u>0 Own</u>	Year	rs There 3 YE	EARS Dr	ivers Lience # A8	8952015	State	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				3314				
Home Phone		Cell I	Phone		 Email			
Own/Rent	\$	Year	rs There	Dr	ivers Lience #		State	
Business Home Bas	ed?	No Location	n: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. IRE	ENE CASTRO			Conta	ct		
Contact Phone	<u>(90</u>	09) 550-8640	_ Cell			Emai	<u> </u>	
Bank Name/Branch	BANK OF	AMERICA	Contact			Phone	(909) 476-3073	
Trade Reference#1	ACME		Contact	FILESHA		Phone	(626) 964-3456	
Trade Reference#2	UPDATE	D FURNITURE	 Contact	ISIDRA		Phone	(817) 633-1110	
Trade Reference#3	USTAME	X	 Contact 	ROVINN		Phone	(562) 693-2888	

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	ABDERRAOUF DAHAN	Date	10/25/2016