

DBA Name		El Encanto Furniture by Yulissa, LLC		ssa, LLCL	_egal Name	El Enc	El Encanto Furniture by Yulissa, LLC		
Type of Business		Furniture Retail Sales			Tax ID	47-540	47-5407931		
Full Business Addre	:SS	905 Summit	Avenue, Union C	ity, NJ 0708	37				
Full Billing Address									
Phone at Location		(201) 758-7072			Best Phone (2	201) 758-70	72 Fax		
Business Email					Website	http://e	http://elencantofurniturenj.com/		
Years In Business		15	Average Ti	icket _		Gross A	Gross Annual Sales 900,000.00		
Do you currently ha	ave cash	advance?	No	With who?			Balar	ice	
Current Credit Card Processor					Avera	ige Processi	ng Volume		
Last Month Vol.		#	of Tickets		2nd Month V	ol	#of Ti	ckets	
3rd Month Vol.		#	of Tickets		4th Month V	ol	#of Ti	ckets	
Owner #1 Name	Yulissa Pa	aredes		Titl	e Owner				
Date of Birth	07/17/19	73		122 —	N 155-88	3-7186			
Full Home Address	86 Roosevelt Avenue, Jersey City, NJ 07304								
Home Phone	(480) 272	2-2100	Cell Phone		Email		henryr@waynefund	ing.com	
Own/Rent	\$ <u>0 Ren</u>	0 Rent Years There			<u>Drivers Lience # P0574 79000 57731</u> State <u>New Jersey</u>			New Jersey	
Owner #2 Name				Titl —	e				
Date of Birth				122 —	N				
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There _		Drivers Lience #		State		
Business Home Bas	sed?	No Lo	cation: Lease/Owi	n <u>Lease</u>	d Lease 7	erm	Month	ly Rent	
Landlord / Mortgage	e Co				Co	ntact			
Contact Phone	_		Ce	ell _			Email		
Bank Name/Branch			Contact			Pho	one		
Trade Reference#1			 Contact	:		—— Pho	one		
Trade Reference#2			 Contact	<u></u>		Pho	one	_	
Trade Reference#3			Contact			Pho	one		
I horoby roprosont that all	the above in	oformation is true	and understand that r	making falso st	atomonts might be	considered fra	ıd. By providing the abo	avo 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	Yulissa Paredes	Date	01/18/2018