MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Patrick
	Sales Replifatives

DBA Name		Metro pcs		Le	egal Name	Cellnation of ro	onnie 2 inc	
Type of Business	pe of Business Retail				ax ID	46-4205190		Corp
Full Business Addre	:SS	21619 merri	ck blvd, springt	field garden , ı	ny 11413			
Full Billing Address				-				
Phone at Location	<u>-</u>				Best Phone		Fax	
Business Email		Cellnationofron@gmail.com		n Website				
Years In Business		7	Average	Ticket		Gross Annual S	ales <u>720,000.</u>	00
Do you currently h	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volum	me	
Last Month Vol.		#0	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#(	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Rajinder \			Title				
Date of Birth	10131977			SSN	058-82-64	-10		
Full Home Address	-	ne , bayshore,						
Home Phone	(631) 741	0803	Cell Phone	(631) 741-0	0803 Email	rdeliinc@	yahoo.com	
Own/Rent	\$ <u>0 Own</u>	<u> </u>	Years There	<u>7</u>	Privers Lience # $\frac{2}{}$	30335000	State	
O 4/2 No				T'				
Owner #2 Name  Date of Birth				Title  SSN	-			
Full Home Address								
Home Phone			Cell Phone		Email			
			Years There		Drivers Lience #		Ctata	
Own/Rent	\$		rears mere				State	
Business Home Bas	sed?	No Loc	cation: Lease/O	wn <u>Leased</u>	Lease Teri	m <u>5</u>	Monthly Rent	2,900.00
Landlord / Mortgag	e Co				Conta	act _		
Contact Phone				Cell _		Email		
Bank Name/Branch	Bank of	america	Conta	ıct		Phone		
Trade Reference#1			Conta	nct		Phone		
Trade Reference#2			 Conta	nct		Phone		
Trade Reference#3			Conta			Phone		
I hereby represent that all	the above in	formation is true	and understand that	at making false sta	atements might be con	sidered fraud. By prov	riding the above inform	ation, 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	Rajinder Wadhwa	Date	06/04/2018
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