

DBA Name		Marchelet	to enviornmen	tal	Le	egal Name	Marchello rec	ycling ind		
Type of Business		Haulage			—— Та	ax ID	27-3449251			LLC
Full Business Addre	SS									
Full Billing Address										
Phone at Location		(516) 728-0398				Best Phone		Fax		
Business Email						Website				
Years In Business		6	Averag	je Ticket			Gross Annual	Sales <u>180,0</u>	00.00	
Do you currently h	ave cash	advance?	No	With	n who? _			Balance _		
Current Credit Card Processor						Average	Processing Volu	ume		
Last Month Vol.			of Tickets			2nd Month Vol.		#of Ticket	S	
3rd Month Vol.		#	of Tickets			4th Month Vol.		#of Ticket	S	
Owner #1 Name	Marchello	Boscaino			Title	President				
Date of Birth	09-05-19	83			SSN	063-68-49	44			
Full Home Address	464 marc	y ave								
Home Phone	(516) 728	3-0398	Cell Phone			Email	vantan	a07@gmail.com		
Own/Rent	\$ 0 Own Years Ther		Years There	18	D	rivers Lience # 19	91 983065 State Nj			
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone	-		Email				
Own/Rent	\$		Years There		D	rivers Lience #		State		
Business Home Bas	ed?	No Lo	ocation: Lease	'Own	Leased	Lease Terr	n <u>3</u> years	Monthly R	ent <u>1,800</u> .	00
Landlord / Mortgage Co. <u>Jackson properties</u>		erties			Conta	ct				
Contact Phone	_			Cell	_		Email			
Bank Name/Branch Chase			Con	tact			Phone			
Trade Reference#1			Con	tact			Phone			
Trade Reference#2	_		Con	tact			 Phone			
Trade Reference#3			Con	tact –			 Phone 			
I hereby represent that all	the above in	formation is tru	ue and understand	that makin	g false stat	tements might be cons	sidered fraud. By pro	oviding the above in	formation, the a	oplicant(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	Marchello Boscaino	Date	08/09/2016
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