

DBA Name		Dreamaker Ma	attress	I 6	egal Name	Dreamaker M	lattress Company	
Type of Business		Retail				8134586760		
Full Business Address		902 Calumet a	VA	'``	ux 15	013 1300700		Corp
Full Billing Address	.33	Joz Calamet a	V C					
Phone at Location		(219) 286-643	١٥		Best Phone (773)	733-3387	Fax	
Business Email		abeldale@gmail.com		<del></del>		www.dreamakermattress.com		
Years In Business				leat.	Website	Gross Annual Sales 700,000.00		
			Average Tic		-			
Do you currently ha	ave cash	advance?	No V	Vith who? _			Balance	
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
							- -	
Owner #1 Name	Abel Bas	stida		Title	CEO			
Date of Birth	04291982			SSN 328-72-7410				
Full Home Address	3108 Black Partridge In 9 Valparaiso IN 46383							
Home Phone	(773) 73	33-3387 Ce	II Phone	(773) 733-3	3387 Email	abelda	le@gmail.com	
Own/Rent	\$ 0 Own Years		ears There	D	rivers Lience # b2	23300482122	State IL	
Owner #2 Name				Title	<u> </u>			
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone		Email			
Own/Rent	\$	Ye	ears There	D	rivers Lience #		State	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
			on. Lease/Own	Leaseu		-		
Landlord / Mortgage	e Co.	Pedro Acevedo			Conta	ct	Pedro Acevedo	
Contact Phone	-	(219) 928-3526	Cell	<u>(2</u>	219) 928-3526	Email	rustichomes@f	notmail.com
Bank Name/Branch			Contact			Phone		
Trade Reference#1 Sealy Mattress		Contact	Chrissy Beaulieu		– Phone	(773) 354-3884		
Trade Reference#2 Malouf		 Contact	Jason Cale		– Phone	(800) 517-7179		
Trade Reference#3	Englar	nder	Contact	James S	hort	Phone	(217) 377-2464	
		<u> </u>	<u> </u>					

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 TransDinion, 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	Abel Bastida	Date	04/03/2017
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