

DDA Nama		Orioini Fu	unituun laa		1	- I N	Origini Francisco		
DBA Name					_	al Name	Orisini Furniture		
Type of Business		Retail Fur		. I NI O	Tax	מוט	77-0700759		Corp
Full Business Addre		1201 Ernst	on Rd., South A	amboy, NJ 0	8879				
Full Billing Address		(0.40) 4.46	1.505			. =1		_	
Phone at Location		(848) 448	3-1696		Ве	est Phone		Fax _	
Business Email						Website			
Years In Business		7	Averag	e Ticket			Gross Annual Sal		
Do you currently h	ave cash	advance?	No	With wh	10?			Balance _	
Current Credit Card Processor					Average	Processing Volume	<u> </u>		
Last Month Vol.			of Tickets		_ 2	2nd Month Vol.		#of Tickets	·
3rd Month Vol.			of Tickets		4	4th Month Vol.		#of Tickets	
Owner #1 Name	Ana Orisi	ni			Title	President			
Date of Birth	07-26-19	46			SSN	107-36-273	33		
Full Home Address	1201 Uni	on Dr., Monre	oe, NJ 08831						
Home Phone	(848) 448	8-1696	Cell Phone			Email	orisini@ao	l.com	
Own/Rent	\$ 0 Ren	t	— Years There	5	Driv	vers Lience # 07	74470410057462	State N	New Jersey
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Driv	vers Lience #		State _	
Business Home Bas	sed?	No L	ocation: Lease/	Own Ow	ned	Lease Tern	າ	Monthly Re	ent
Landlord / Mortgag	e Co.				_	Conta	ct		
Contact Phone				Cell			_ Email		
Bank Name/Branch			Con	tact			Phone		
Trade Reference#1			Con	tact			Phone		
Trade Reference#2			Con	tact			– — — Phone		
Trade Reference#3	-		Con				Phone		
I hereby represent that all	the above in	nformation is tr	ue and understand t	hat making fals	se stater	ments might be cons	idered fraud. By providi	ng the above inf	formation, 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	Ana Orisini	Date	07/03/2017