MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Nick
--------------	--

DBA Name		Jembro				_	Name	-	b.stores			
Type of Business		Retail				Tax ID	)	275	136681			LLC
Full Business Addre	SS	2478 cone	ey island	ave.brookl	yn.n.y.							
Full Billing Address												
Phone at Location		(718) 627-3600				Best Phone (917)			1424	Fax	(718) 6	27-3609
Business Email		Judy@jembro.com				Website		Nor	ne			
Years In Business		5		Average T	icket _			Gros	ss Annual S	ales <u>:</u>	3.50	
Do you currently h	ave cash	advance?		No	With who?					Balaı	nce	
Current Credit Card Processor							Average	Proce	ssing Volui	me		
Last Month Vol.			#of Ticke	ets		2nd	d Month Vol.			#of T	ickets	
3rd Month Vol.			#of Ticke	ets		4th	Month Vol.			#of T	ickets	
Owner #1 Name	Jack Bey	da			Titl	le	Pres.					-
Date of Birth	Jembro s											
Full Home Address		enue n ,broo	klvn.n.v.		_							
Home Phone	(917) 88		Cell Ph	none	(917) 881-	-1424	Email		iack@ier	mbro.com		
Own/Rent	\$ 0 Ren		— Years				— s Lience # B2	29783			N.j.	
				_			_			_		
Owner #2 Name					Titl	le						
Date of Birth					– SS	N						
Full Home Address					_							
Home Phone			Cell Pr	none			Email					
Own/Rent	\$		Years	There _		Driver	s Lience #			_State		
Business Home Bas	ed?	No L	_ocation:	Lease/Ow	n Lease	d	Lease Terr	m		Month	nly Rent	
Landlord / Mortgag	e Co.						Conta	act	_			
Contact Phone	_			. Ce	ell _			_	Email			
Bank Name/Branch				Contact	<u> </u>				Phone			
Trade Reference#1				Contact	<u> </u>				- Phone			
Trade Reference#2				Contact	<u></u>				- Phone			
Trade Reference#3				Contact				_ !	Phone _			
I hereby represent that all	the above ir	nformation is t	rue and und	derstand that i	making false st	tatemer	nts might be cons	sidered	fraud. By prov	iding the ab	ove information	on, 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	Jack Beyda	Date	09/14/2016