MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Sean
	Sales Rep. Seati

DBA Name		1969		L	egal Name	1969		
Type of Business		Hospitality/	Rental	 T	ax ID	20 3837766		Corp
Full Business Addre	SS	PO box 252						
Full Billing Address	•							
Phone at Location		(570) 840-1	077		Best Phone (570)) 840-1077	Fax	(570) 840-1077
Business Email		marjerinc@	hotmail.com		Website			
Years In Business		12	Average	Ticket		Gross Annual S	ales <u>1</u>	,103,000.00
Do you currently h	ave cash a	dvance?	No	With who?			Balar	nce
Current Credit Card	d Processo	r				e Processing Volur	me	
Last Month Vol.		#o	f Tickets		2nd Month Vol.		#of Ti	ickets
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of T	ickets
Owner #1 Name	Mark Gaw	ron		Title	e President			
Date of Birth	10/15/196			SSN				
Full Home Address	132 Cherry					501		
Home Phone	(570) 840-	-	Cell Phone	(570) 840-3	 1077 Email	marierin	c@hotmail	.com
Own/Rent	\$ 0 Own				Drivers Lience #		State	PA
					-		_	
Owner #2 Name				Title	2			
Date of Birth				 SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Privers Lience #		_State	
Business Home Bas	ed?	No Loc	ation: Lease/Ov	vn Owned	Lease Ter	m	Month	lly Rent
Landlord / Mortgag	e Co				Cont	act _		
Contact Phone	_			Cell _		Email		
Bank Name/Branch	PNC Ban	ık	Contac	ct		Phone		
Trade Reference#1			Contac	ct		Phone		
Trade Reference#2			 Contac	 ct		Phone		
Trade Reference#3			Contac	 ct		Phone		
I hereby represent that all	the above info	ormation is true	and understand that	t making false sta	atements might be co	nsidered fraud. By prov	viding the ab	ove information, 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	ame Mark Gawron	ron Date 11/06/	2017
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