

DBA Name		shant sar	rkissian		l	_egal N	Name	zol	hrab jewele	rs		
Type of Business		jewlry			7	_Tax ID		03	032605123			Corp
Full Business Addre	SS	333 washi	ngton str	eet suite	205 boston	ma 02	108					
Full Billing Address												
Phone at Location (617) 59			93-6020			Best Phone (616)		5) 593	-6020	Fax	(617) 248-8732
Business Email	sshant416@aol.co			om		V	Website		ne			
Years In Business		9 Average Tick			icket _	et			Gross Annual Sales 1,0			0.00
Do you currently ha	eve cash	advance?		No	With who?					Bal	ance	
Current Credit Card Processor					_	Average	e Proc	essing Volu	me			
Last Month Vol.			#of Ticke	ets		2nd	Month Vol.			#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th	Month Vol.			#of	Tickets	
Owner #1 Name	shant sar	kissian			Titl	e	owner					
Date of Birth	03/11/1968				SSI		032-60-51					
Full Home Address	1 ivv lane	e waltham m	na 02452		_							
Home Phone	(617) 593		Cell Ph	ione	(617) 593-	-6020	Email		sshant4	.16@aol.c	om	
Own/Rent	\$ 0 Owr	<u> </u>	— Years	There 9)	Drivers	 Lience # s	s44646	 5794	State	ma	
				_			_					
Owner #2 Name					Titl	e						
Date of Birth					— SSI	N						
Full Home Address												
Home Phone			Cell Ph	ione			Email					
Own/Rent	\$		Years	There _		Drivers	Lience #			State		
Business Home Bas	ed?	No L	_ocation:	Lease/Ow	n Owned	d	Lease Ter	m		Mon	thly Rent	
Landlord / Mortgage	e Co. <u>0</u>	1					Conta	act	_			
Contact Phone	_			С	ell _				Email	_		
Bank Name/Branch				Contac	t				Phone			
Trade Reference#1				Contac				_	Phone			
Trade Reference#2				Contac	t				Phone			
Trade Reference#3				Contac	t				Phone			
I hereby represent that all	the above in	formation is to	rue and und	erstand that	making false st	atemen	ts might be con	nsidere	d fraud. By pro	viding the	above inform	ation, 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 Printo	ed Name sha	nant sarkissian [Date	02/21/2018
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