	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	Vidal Plastics, LLC			Legal Name Tax ID		Vidal Plastics, LLC			
Type of Business	Custom Plastics Comp					27-1494505		LLC	
Full Business Addre	SS	616 N Norr	nan Ave						
Full Billing Address		-							
Phone at Location		(812) 431	-8075		Best Phone (81		431-8075	Fax	
Business Email		ALFONSO@VIDALPLAST		ICS.COM		Website	www.vidalplastics.com		
Years In Business		6	Avera	ge Ticket			Gross Annual S	Sales <u>600,000.00</u>	
Do you currently ha	ave cash	advance?	Yes	With wh	0?			Balance 40,000	
Current Credit Card	d Proces	sor				Average I	Processing Volu	ıme	
Last Month Vol.		#	of Tickets		_ 2	nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		_ 4	th Month Vol.		#of Tickets	
Owner #1 Name	Alfonso				Title	President			
Date of Birth	02/06/1				SSN	305-19-012	29		
Full Home Address	9060 Ha								
Home Phone	(812) 43	31-8075	Cell Phone	(812) 4	31-807	′5 Email	Alfonso	@vidalplastics.com	
Own/Rent	\$ <u>0 Ov</u>	<u>vn</u>	Years There	11	Driv	ers Lience # 17	20339646	StateIN	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		– Years There		Driv	ers Lience #		State	
Business Home Bas	ed?	No Lo	cation: Lease	e/Own Lea	sed	Lease Term	1	Monthly Rent	
Landlord / Mortgage		EST Propertie			.500	Contac		Eric Berendsen	
	•	•							
Contact Phone		(812) 568-62	06	Cell	(812	2) 568-6206	_ Email	eberendsen@m	sn.com
Bank Name/Branch			Co	ntact			Phone		
Trade Reference#1			Co	ntact			Phone		
Trade Reference#2			Co	ntact			– Phone		
Trade Reference#3			Co	ntact			Phone		
I hereby represent that all	the above	information is tru	e and understand	I that making fals	se staten	ments might be cons	idered fraud. By pro	oviding the above 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 Name	Alfonso Vidal	Date	12/05/2018