	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	Armani Casa Miami		Legal Name	Medit	Mediterranea Trading Company		
Type of Business	furniture retail s	furniture retail store		9903	990367273		
Full Business Addre	ss 10 NE 39th Street						
Full Billing Address							
Phone at Location	(305) 573-4331		Best Phone	(786) 397-53	332 Fax	(305) 573-4331	
Business Email	massimo@arma	nicasamiami.com	Websit	e			
Years In Business	6	Average Ticket		Gross	Annual Sales	1,000,000.00	
Do you currently ha	ave cash advance?	Yes With		kpress Mercha alley Nationa		alance \$43,000, \$196,000	
Current Credit Card	l Processor		Av	erage Proces	sing Volume		
Last Month Vol.	#of Tick	cets	2nd Month	n Vol.	#(	of Tickets	
3rd Month Vol.	#of Tick	cets	4th Month	vol.	#0	of Tickets	
Owner #1 Name	massimo melchiorre		Title CEC	<u> </u>			
Date of Birth	05051963			3-83-8163			
Full Home Address	325 Ocean Drive, apt 501						
Home Phone	(786) 397-5332 Cell F	Phone (786	5) 397-5332 Em	ail	melchiorremas	simo@gmail.com	
Own/Rent	\$ 0 Rent Years There 1 Drivers Lience # m426540631650 State Florida				e Florida		
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone	Cell F		Email				
Own/Rent	\$ Year	s There	Drivers Lience	± # 	State	·	
Business Home Bas	ed? No Location	: Lease/Own l	_eased Leas	e Term e	expired Mo	onthly Rent 12,000.00	
Landlord / Mortgage	e Co. Sun King , LLC	_		Contact	———— Marcia	KAtz	
Contact Phone	(786) 871-4827	Cell			Email	marcia@dacra.com	
Bank Name/Branch	Bank of America	Contact		Pl	hone		
Trade Reference#1	Giorgio Armani spa	– — — — Contact S	imone Cinti	 Pl	hone (390)	276-2602	
Trade Reference#2	Luxe - Sandow Media	– — — — Contact S	usan Preville	 Pl	hone (786)	359-3110	
Trade Reference#3		– — Contact		 Pl	hone ———		

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	Massimo Melchiorre	Date	10/19/2017
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