

DBA Name		Augustin	e a rome	0	Le	gal Name	Nelsons Forr	mal Wear	
Type of Business		Dry cleaning			Tax ID		-	16-1449390	
Full Business Addre	SS	1171 coff		<u> </u>					Sole Prop
Full Billing Address				<u></u>					
Phone at Location (315) 782-58		2-5840			Best Phone (31	.5) 775-7019	Fax	(315) 786-3066	
Business Email	<u>. , , , , , , , , , , , , , , , , , , ,</u>			formals.com			·		<del> </del>
Years In Business		20 Average Ticl			<del></del>		Gross Annua	Gross Annual Sales 400,000.00	
Do you currently ha	ave cash a			_	— With who?			_	ice
					_			_	
Current Credit Card Processor			_	Average Processing Volum					
Last Month Vol.			#of Ticke	ets		2nd Month Vo	l	_ #of Ti	ckets
3rd Month Vol.		#of Tickets		ets	4th Month Vol.			#of Tickets	
Owner #1 Name		Augustine Romeo			Title	Owner			
Date of Birth		04081957			SSN	076-56-	5773		
Full Home Address	19195 Co	19195 County route 63							
Home Phone	(315) 775	(315) 775-7019 Cell Pho		none	(315) 775-7019 Email		misty	mistythomas89@gmail.com	
Own/Rent	\$ <u>0 Own</u>	Own Years There		Drivers Lience #			State		
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	none		Email			
Own/Rent	\$		Years	There	D	rivers Lience #		State	
Business Home Bas	od?	No I	ocation:	Lease/Own	Owned	Lease Te	orm	Month	ly Rent
	-	110 1	Location.	Lease/OWII	Owned				
Landlord / Mortgage	e Co					Con	tact		
Contact Phone				Cel	l <u> </u>		Emai	<u> </u>	
Bank Name/Branch	Waterto	wn saving	ıs bank	Contact	Chris po	wers	Phone	(315) 782	-7100
Trade Reference#1	Jfw			Contact	Dave		Phone		
Trade Reference#2	Sarno a	nd sons		Contact	Steve		Phone		
Trade Reference#3	Tunes 9	2.5		Contact	Tim		Phone	(315) 782	-0925

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	Augustine Romeo	Date	02/08/2017