

DBA Name	Matteos Italian Restaurant	Legal Name	Martin restaurant INC
Type of Business	Restaurant	Tax ID	473749401 Corp
Full Business Address	137 Village at Glynn Place		
Full Billing Address			
Phone at Location	(912) 267-0248	Best Phone	Fax
Business Email	Matteositalian@yahoo.com	Website	Matteoss.com
Years In Business	10	Average Ticket	Gross Annual Sales 450,000.00
Do you currently have cash advance?	No	With who?	Balance
Current Credit Card Processor	Average Processing Volume		
Last Month Vol.	#of Tickets	2nd Month Vol.	#of Tickets
3rd Month Vol.	#of Tickets	4th Month Vol.	#of Tickets

Owner #1 Name	Jon-Evin Martin	Title	CEO
Date of Birth	05/30/1972	SSN	425-45-2942
Full Home Address	214 S TEAKWOOD CT		
Home Phone	(912) 267-0248	Cell Phone	Email matteositalian@yahoo.com
Own/Rent	\$ 0 Own	Years There	11 Drivers Lience # 051835197 State GA
Owner #2 Name		Title	
Date of Birth		SSN	
Full Home Address			
Home Phone		Cell Phone	Email
Own/Rent	\$	Years There	Drivers Lience # State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.				Contact	
Contact Phone		Cell		Email	

Bank Name/Branch	Bank pf thenOzarks	Contact	Phone
Trade Reference#1	Sysco	Contact	Phone
Trade Reference#2	Usfoods	Contact	Phone
Trade Reference#3		Contact	Phone

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 pertinent 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 owenet/officer (individually and collectively, "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 informaiton 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	Jon-Evin Martin	Date	12/02/2016
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