MoneyWorks > Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
-------------------	--

DBA Name		Omniisa			Le	egal I	Name	Skies Ri	sing			
Type of Business		Marketin	g & Autor	mation	T	ax ID		833128	214			LLC
Full Business Addre	SS	251 W 19	th st									
Full Billing Address												
Phone at Location		(917) 28	7-1719			Best I	Phone <u>(917)</u>	287-1719	<u> </u>	Fax		
Business Email		Luca@sk	iesrising.	com		V	Vebsite	omniisa	.com			
Years In Business		3		Average Tic	ket			Gross An	nual S	sales <u>5</u>	00,000.0	0
Do you currently ha	ave cash	advance?	I	No ۱	With who? _					Balan	ice	
Current Credit Card	l Process	or				_	Average l	Processin	y Volu	me		
Last Month Vol.			#of Ticke	ts		2nd	Month Vol.			#of Ti	ckets	
3rd Month Vol.			#of Ticke	ts		4th	Month Vol.			#of Ti	ckets	
Owner #1 Name	Luca Dor				Title		CEO					
Date of Birth	17-02-19				SSN		FTC-88-212	29				
Full Home Address	251 W 19	9th st										
Home Phone	(917) 28	7-1719	Cell Pho	one	(917) 287-1	.719	Email —	_ 	uca@sl	kiesrising.co	om	
Own/Rent	\$ <u>0 Owr</u>	า	Years	There	D	rivers	Lience #			State		
Owner #2 Name					Title	!						
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Pho	one			Email —	_				
Own/Rent	\$		Years	There	D	rivers	Lience #			_State		
Business Home Bas	ed?	No I	_ocation:	Lease/Own	Leased		Lease Term	n		Month	ly Rent	4,000.00
Landlord / Mortgage	 e Co.						— Conta	ct				
Contact Phone	-			Cel	ı _				mail	_		
Bank Name/Branch	Bank of	f America		Contact	Luca			Phor	ie	(917) 287	-1719	
Trade Reference#1				Contact				– Phor	ie -			
Trade Reference#2				Contact				– Phor	-			
Trade Reference#3				Contact				– Phor	-			
I hereby represent that all t	the above in	nformation is t	rue and unde	erstand that m	aking false sta	temen	ts might he cons	idered fraud	By prov	viding the abo	ve informa	tion 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	Luca Domeniconi	Date	03/03/2020
-------------	--------------	-----------------	------	------------