

DBA Name	BONNIE TILE			Legal Name		BONNIE TILE II LLC			
Type of Business	ype of Business TILE STORE			Tax ID		45-2681796			LLC
Full Business Address 711 W INDIANTOWN RD C3 JUPITER, FL 33458									
Full Billing Address	_								
Phone at Location	n (561) 743-0303			E	Best Phone (561) 222-4527 Fax			(561)	743-0300
Business Email	<u>d</u>	dennis@bonnietile.net			Website	www.bonnietilefl.com			
Years In Business	<u>6</u>		Average Tic	ket		Gross Annual	Sales <u>157,438.00</u>		
Do you currently ha	ave cash adv	ance?	No V	Vith who? _			Balanc	e	
Current Credit Card	l Processor				Average	Processing Vol	ume _		
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tick	kets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tick	kets	
Owner #1 Name	DENNIS HUG	HES		Title	mgr mbr				
Date of Birth	05/22/57			SSN	265-25-68	20			
Full Home Address	5114 Laird Lane Jupiter, FL 33458								
Home Phone	(561) 222-45	61) 222-4527 Cell Phone (561) 222-4527 Email dennis@bonnietile.net							
Own/Rent	\$ <u>0 Own</u>	Yea	rs There 9	D	rivers Lience # H	220176571820	State	FL	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address Home Phone		Call	Phone		Email				
Own/Rent	\$		rs There		rivers Lience #		State		
Ownyrtent	Ψ				Tivers Lience #				
Business Home Bas	ed? N	o Location	n: Lease/Own	Leased	Lease Terr	n April 30, 2019	Monthly	Rent	2,430.00
Landlord / Mortgage	e Co. <u>JUPI</u>	TER TOWN CE	NTER LLLP		Conta	act	MARK OROV	/ITZ	
Contact Phone	(305	5) 594-9311	Cell	l <u> </u>		Email	mark	@orovit	z.net
Bank Name/Branch	PNC JUPITE	ER BRANCH	Contact	PATTY W	/ALSH	Phone	(561) 748-9	9121	
Trade Reference#1	e#1 SHORELINE SUPPLIES C			SHEILA		— Phone	(239) 403-1	790	
Trade Reference#2	SOHO STU	DIOS	— Contact	AR		— Phone	(718) 677-8	3453	
Trade Reference#3	BOONE DIS	STRIBUTORS	Contact	AR		Phone	(863) 665-5	5131	

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	DENNIS HUGHES	Date	03/16/2017
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