

DBA Name		European Market			Legal Name		ESF Management LLC			
Type of Business		Retail			Tā	ax ID	47-4759884			LLC
Full Business Addre	SS	38 1st St	reet							
Full Billing Address		-								
Phone at Location		(864) 473-0299			E	Best Phone (864	-) 590-6760 Fax			
Business Email		europeanmarketus@gmail.co			om	m Website		europeanmarketus.com		
Years In Business		17	Av	erage Tic	ket		Gross Annual	Sales	2,000,000.00	
Do you currently ha	ave cash	advance?	No	۱ د	With who? _			_ Ba	lance	
Current Credit Card Processor						Average	Processing Vol	ume		
Last Month Vol.			#of Tickets	·		2nd Month Vol.		#of	f Tickets	
3rd Month Vol.			#of Tickets	·		4th Month Vol.		#of	f Tickets	
Owner #1 Name	Natalia S	okil			Title	Owner				
Date of Birth	06-28-1976				. SSN	543-29-47	<b>7</b> 11			
Full Home Address	270 Old Lowe Rd, Spartanburg, SC 29303									
Home Phone	(864) 590	0-6760	Cell Phor	ie	(864) 590-6	760 Email	europe	anmarket	tus@gmail.com	
Own/Rent	\$ 0 Owr	١	Years Th	ere <u>86</u>	45906760 D	rivers Lience # <u>1</u>	03934399	State	SC	
Owner #2 Name					Title -					
Date of Birth					SSN -					
Full Home Address Home Phone			Cell Phor	10		Email				
Own/Rent			Years Th			rivers Lience #		State		
Own/Rent	\$		- Tears III			Tivers Lience # _				_
Business Home Bas	ed?	No	Location: Le	ease/Own	Owned	Lease Ter	m	Mor	nthly Rent	
Landlord / Mortgage	e Co					Conta	act			
Contact Phone	_			Cel	II		Email	_		
Bank Name/Branch				Contact			Phone			
Trade Reference#1				Contact			— Phone			
Trade Reference#2				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 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	Natalia Sokil	Date	11/11/2016