

DBA Name	Rocco's Italian Restaurant		Legal Name	Rocco's Italian Restaurant LLC	
Type of Business	Restaurant		Tax ID	47-4618887	LLC
Full Business Address	916 Kingsbay Rd Ste C St Marys GA 31558				
Full Billing Address					
Phone at Location	(912) 439-3806		Best Phone	(850) 501-1102	Fax
Business Email	kimme1110@yahoo.com		Website	roccositalianga.com	
Years In Business	1	Average Ticket		Gross Annual Sales	265,000.00
Do you currently have cash advance?	Yes	With who?		Balance	15000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	Kimberly West		Title	Owner	
Date of Birth	11/10/1970		SSN	460-73-1747	
Full Home Address	143 Pine Bluff Blvd, West Kingsland GA 31548				
Home Phone	(850) 501-1102	Cell Phone	(850) 501-1102	Email	kimme1110@yahoo.com
Own/Rent	\$ 0 Rent	Years There	1	Drivers Lience #	060071833
				State	Georgia
<b>Owner #2 Name</b>			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.	Coldwell Banker			Contact	Scott Anderson
Contact Phone	(912) 882-5250	Cell		Email	

Bank Name/Branch	Bank of America/St Marys	Contact	Jennifer	Phone	
Trade Reference#1	Cintas	Contact		Phone	(904) 741-4525
Trade Reference#2	Coca Cola	Contact		Phone	(205) 841-2653
Trade Reference#3	Cheney Brothers	Contact		Phone	(352) 291-7800

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 above listed business and business owner/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 transaction, including without limitation the application therefor (collectively, "Transaction") 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

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Printed Name

Kimberly West

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Date

12/23/2016

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