

DBA Name	Delightful Treats	Legal Name	HAMILTON BK LLC	
Type of Business	Bakery	Tax ID	32-0470907	LLC
Full Business Address	990 N SR-434 Suite 1120, Altamonte Springs, FL 32714			
Full Billing Address				
Phone at Location	(321) 207-0004	Best Phone	(407) 633-2429	Fax
Business Email	hamiltonbkllc@gmail.com	Website	www.delightful-treats.com	
Years In Business	1	Average Ticket		Gross Annual Sales 80,000.00
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

<b>Owner #1 Name</b>	YAMILETH MANTILLA		Title	Manager
Date of Birth	03-03-1982		SSN	118-93-1347
Full Home Address	8538 Leatherleaf Ln, Orlando FL 32287			
Home Phone	(407) 633-2429	Cell Phone	(407) 633-2429	Email hamiltonbkllc@gmail.com
Own/Rent	\$ 0 Own	Years There	1	Drivers Lience # M534-973-82-583-0 State FLORIDA
<b>Owner #2 Name</b>	DAVID DUENAS		Title	MANAGER
Date of Birth	05-11-1981		SSN	027-98-4944
Full Home Address	8538 Leatherleaf Ln			
Home Phone	(407) 601-2770	Cell Phone	(407) 633-2429	Email guacca@msn.com
Own/Rent	\$ Own	Years There	1	Drivers Lience # D521-172-81-171-0 State Florida

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	2 Years	Monthly Rent	2,200.00
Landlord / Mortgage Co.	Crossman & Company			Contact	Kevin Logue		
Contact Phone	(407) 581-6229	Cell	(407) 581-6229	Email	klogue@crossmanco.com		

Bank Name/Branch	WELLS FARGO / Lake Nona	Contact	Juan Carlos	Phone	(407) 737-1097
Trade Reference#1	ORKIN	Contact	Jhon	Phone	(866) 713-9979
Trade Reference#2	SIGNPOST	Contact	David Suk	Phone	(646) 798-7115
Trade Reference#3	Wedding Wire	Contact	Kim Knodt	Phone	(407) 792-5919

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

Printed Name

YAMILETH MANTILLA

Date

07/25/2016