MoneyWorks > Direct ADMINISTRATIVE FORM PLEASE FAX TO:
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DBA Name		Harbor	Inn Resta	urant & C	lub	_Lega	al Name	HI TA	AVERNA LLO	<u> </u>		
Type of Business		RESTAL	JRANT & I	BAR		_Tax	ID	47-1	563151			LLC
Full Business Addre	SS	10000 S	PUR 294 (	CORSICAN	A TX 75109	9						
Full Billing Address												
Phone at Location		(903) 8	74-7000			_ Bes	st Phone (56	51) 779-4	1567	Fax		
Business Email		HARBO	RINN2014	l@GMAIL.0	СОМ	_	Website	harb	orinntexas	.com		
Years In Business		3		Average	Ticket			Gross	s Annual Sa	les <u>8</u>	00,000.00	
Do you currently ha	ave cash	advance?	•	Yes	With who	?				Balar	nce	
Current Credit Card	l Process	or					Averag	je Proces	ssing Volum	ie		
Last Month Vol.			#of Tick	ets _		_ 2	nd Month Vol	l		#of Ti	ckets	
3rd Month Vol.			#of Tick	ets _		_ 4	th Month Vol			#of Ti	ckets	
Owner #1 Name	ANDREAS	KOTSIFO	S		T	itle	owner					
Date of Birth	11-02-19					SSN	074-78-3	1335				
Full Home Address	<u>`</u>	ır 294, apt										
Home Phone	(903) 874	4-7000	Cell P	hone	(561) 77	9-456	57 Email		harborinn	2014@gm	nail.com	
Own/Rent	\$ <u>0 Owr</u>	1	_ Years	s There	3	Driv	ers Lience #	3476591	0	State	TEXAS	_
Owner #2 Name					т	itle						
Date of Birth						SSN						
Full Home Address						) JIV						
Home Phone			Cell P	hone			Email					
Own/Rent	\$		—— Years	s There		Driv	ers Lience #			State		
			_			_				-		_
Business Home Bas	ed?	No	Location	: Lease/O	wn <u>Leas</u>	sed	Lease Te	erm -		Month	ly Rent	
Landlord / Mortgage	e Co. <u>a</u>	llegheny	dev. llc			_	Con	tact	<u>ju</u>	stin lewi	S	
Contact Phone	<u>(</u>	903) 654	-3886	(	Cell				Email			
Bank Name/Branch				Conta	ct			P	hone			
Trade Reference#1				- Conta	ct			 P	hone —			
Trade Reference#2	-			- Conta	ct			 P	hone —			
Trade Reference#3				– Conta	ct			P	hone			
				<del>-</del>								

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	ANDREAS KOTSIFOS	Date	07/13/2017