MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Fresh Digita	l Inc	l en:	al Name	Fresh Digital II		
Type of Business	Service			Eegal Name		45-2790964		
Full Business Addre								Corp
Full Billing Address	.33	111 /0//// 51 5	Juice 120, 140W 1	OTK, 141 10030				
Phone at Location		(212) 227-48	 858		st Phone (917)	553-4318	Fax	
Business Email		info@freshdigitalgroup.com		Website		http://www.freshdigitalgroup.com/		
Years In Business		5 Average Tic				Gross Annual Sales 771,000.00		
Do you currently ha	•		_	With who? Fas	stnav	Cross / Illiadirs	Balance \$93,0	
			163	With Who: Tas				
Current Credit Card	d Processo	r			Average	Processing Volu		
Last Month Vol.		#of	Tickets	2	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets	4	Ith Month Vol.		#of Tickets	
Owner #1 Name	Judith H R	obinson		Title —	CCO			
Date of Birth	11-15-69			SSN —	167-52-779	91		
Full Home Address	145 East 1	15th Street, AP	T 8F					
Home Phone	(917) 553	-4318	Cell Phone	(917) 553-431	.8 Email	judy@fre	eshdigitalgroup.com	
Own/Rent	\$ <u>0 Own</u>		Years There 9	175534318 Driv	ers Lience # 51	16154727	StateNY	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$ Own		Years There	Driv	ers Lience #		State	
Business Home Bas	sed?	No Loca	ation: Lease/Ow	n Leased	Lease Tern	n 0	Monthly Rent	3,500.00
			zaoni zedoc, o m			·· <u>-</u>		3,500.00
Landlord / Mortgage	e Co				Conta	=		
Contact Phone			Ce	ell		Email		
Bank Name/Branch			Contact	<u> </u>		Phone		
Trade Reference#1			 Contact	<u></u>		– Phone		
Trade Reference#2			 Contact			– Phone		
Trade Reference#3			Contact			Phone		
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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	Judith Robinson	Date	03/29/2017