

DBA Name		TD Elevat	or Repair LLC		Legal	Name	Td Elevator I	Repair LLc		
Type of Business		Elevator I	Repair Business		Tax ID	)	83-1626764		LLC	
Full Business Addre	SS	3219 wind	bluff dr charlotte	e nc 28	277					
Full Billing Address										
Phone at Location		(704) 904-1890			Best Phone (845) 300-5817 Fax					
Business Email	Td.		Tdelevator@yahoo.com		Website					
Years In Business		1.5	1.5 Average Ticket				Gross Annual Sales 500,000.00			
Do you currently ha	ave cas	h advance?	No	With	h who?			Balance		
Current Credit Card Processor						Average P	rocessing Vol	lume		
Last Month Vol.			of Tickets		2nd	Month Vol.		#of Tickets		
3rd Month Vol.			of Tickets		4th	Month Vol.		#of Tickets		
Owner #1 Name		s DiBenedetto			Title	Owner	•			
Date of Birth	042119				SSN	094-54-442	9			
Full Home Address			rlotte nc 28277							
Home Phone	(704) 9	04-1890	Cell Phone	(70	04) 904-1890	Email —	tdelev	ator@yahoo.com		
Own/Rent	\$ <u>0 O</u>	wn	Years There	4	Driver	s Lience # 000	0034353788	State Nc		
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address			0    0							
Home Phone			Cell Phone			Email —				
Own/Rent	\$		Years There		Drivers	s Lience #		State		
Business Home Bas	ed?	Yes L	ocation: Lease/0	Own	Owned	Lease Term		Monthly Rent	1,130.43	
Landlord / Mortgage	e Co.	AmeriHome	Mortgage Comp	any		Contac	t	Any representive		
Contact Phone		(855) 501-30	035	Cell			_ Emai	l		
Bank Name/Branch	Wells	Fargo	Cont	act	Bobby Ray Ji	-	Phone	(704) 542-1116		
Trade Reference#1			Cont	act			- Phone			
Trade Reference#2			Cont	act			- Phone			
Trade Reference#3			Cont	act _			- 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	Thomas DiBenedetto	Date	11/12/2019