

DBA Name		Elaine Bouka	lis DBA Corner	Lunch	Legal I	Name	Elaine Boukali	s DBA Corn	er Lunch	
Type of Business		Diner - Break	fast & Lunch		— Tax ID		200146741		So	ole Prop
Full Business Addre	SS	133 Lamartine	e Street							
Full Billing Address										
Phone at Location		(508) 799-9866			Best Phone (508) 3		340-9621	Fax	(508) 459-59	49
Business Email		eboukalis@charter.net			Website		www.cornerlunchdiner.com		om	
Years In Business		15 Average		Ticket			Gross Annual Sales 170,000.00			
Do you currently ha	ave cash a	advance?	Yes	With who	o? BFS			Balan	ce <u>15,000.00</u>	
Current Credit Card	d Processo	or				Average	Processing Volu	me		
Last Month Vol.		#of	Tickets		2nd	Month Vol.		#of Tic	kets	
3rd Month Vol.		#of	Tickets		_ 4th	Month Vol.		#of Tic	kets	
Owner #1 Name	Charles B	oukalis		-	Γitle	Owner				
Date of Birth	03-23-195			_	SSN	016-42-714	45			
Full Home Address	32 Kataho			`	JJIV	010 42 71				
Home Phone	(508) 852		Cell Phone	(508) 34	40-9621	Email	cbouka	is@charter.n	et	
Own/Rent	\$ 0 Own			17		_	33000897	State	MA	
			- -							
Owner #2 Name				7	Γitle					
Date of Birth					SSN					
Full Home Address										
Home Phone		(Cell Phone			Email				
Own/Rent	\$		ears There		Drivers	Lience #		State		
Business Home Bas	ed?	No Loca	tion: Lease/Ov	vn <u>Ow</u> r	ned	Lease Tern	n	Monthl	y Rent	
Landlord / Mortgage	e Co. <u>M</u>	lillbury Saving	s Bank		_	Conta	ct			
Contact Phone	_			Cell			Email			
Bank Name/Branch			Contac	:t			Phone			
Trade Reference#1			 Contac	 :t			Phone			
Trade Reference#2			 Contac				– Phone			
Trade Reference#3			Contac	 :t			Phone			
I hereby represent that all	the above in	formation is true a	nd understand that	making false	e statemen	ts might be cons	idered fraud. By pro	viding the abo	ve information, the a	applicant(s

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	Charles Boukalis	Date	05/10/2018