

DBA Name Type of Business		Kings Jewelers jewelry retailer				Legal Name Tax ID		Khwaja Enterprise inc			
								7%			Corp
Full Business Addre	SS	11401 Pi	nes Blvd I	(921, Per	nbroke Pines	FL 33026					
Full Billing Address											
Phone at Location	(954) 441-3700				Best Phone <u>(9</u>	54) 644-2	104	Fax			
Business Email		kingsje	welersmal	l@gmail.c	com	Website					
Years In Business		11 Average Ti			Ticket		Gross	Gross Annual Sales 498,800.00			
Do you currently ha	ave cash	advance?	•	No	With who? _				Baland	ce	
Current Credit Card Processor					Average Processing Volu				-		
Last Month Vol.			#of Tick	ets _		2nd Month Vo	ol		#of Tic	kets _	
3rd Month Vol.			#of Tick	ets _		4th Month Vo	ol		#of Tic	kets _	
Owner #1 Name	EMRAL C	CHOWDHUR	Y		Title	Preside	ent				
Date of Birth	01/10/19		<u>. </u>		— SSN						
Full Home Address		W 31 STRE	FT Miramar	FI 33027	_						
Home Phone	(954) 64		Cell Pl		(954) 644-2	2104 Email		kingsjewele	rsmall@d	mail.com	
Own/Rent	\$ 0 Ow					Privers Lience #			tate	FL	
			_								
Owner #2 Name					Title	!					
Date of Birth					— SSN						
Full Home Address											
Home Phone			Cell Pl	none		Email					
Own/Rent	\$		_ Years	There		rivers Lience #		St	tate		
Business Home Bas	ed?	No	Location:	Lease/Ov	vn Leased	Lease T	erm		Monthly	y Rent	
Landlord / Mortgage	e Co.	GGP	_				ntact	land	dlord		
Contact Phone	_			_ (Cell _			Email			
Bank Name/Branch				Contac	ct		Pł	none			
Trade Reference#1				Conta	ct		—— Pł	none			
Trade Reference#2				Contac	ct		 Pł	none			
Trade Reference#3				Conta	ct		—— Pł	none			
I hereby represent that all	the above i	information is	true and un	derstand that	t making false sta	tements might he	considered fr	aud. By providin	g the abov	ve information	the 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 Printer	d Name EMP	RAJ CHOWDHURY [Date	02/28/2019
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