

DBA Name	CHICAGO GOURMET WHOLESALE BAKERY		Legal Name	NEW CHICAGO GOURMET WHOLESALE BAKERY	
Type of Business	WHOLSALE BAKERY		Tax ID	36-4555-323	Corp
Full Business Address	795 TOUHY AVE.				
Full Billing Address					
Phone at Location	(847) 981-1600		Best Phone	(630) 677-0900	Fax (847) 981-1612
Business Email	julia@cgwbakery.com		Website	cgwbakery.com	
Years In Business	20	Average Ticket		Gross Annual Sales	1,800,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
				#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.	
				#of Tickets	

Owner #1 Name	JULIANA ACHIMAS		Title	president	
Date of Birth	02/12/1960		SSN	349-84-4423	
Full Home Address	25w 200 su				
Home Phone	(847) 981-1600	Cell Phone	(630) 677-0900	Email	julia@cgwbakery.com
Own/Rent	\$ 0 Own	Years There	10	Drivers Lience #	A-252-4006-0643 State il
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Amerinational			Contact	888/263-7628
Contact Phone		Cell		Email	

Bank Name/Branch	CHASE	Contact	MAGGIE NORIEGA	Phone	(847) 427-5703
Trade Reference#1	Central Baking	Contact	BRIEN	Phone	(312) 243-0888
Trade Reference#2	INTERNATIONAL FOOD	Contact	MICHAEL	Phone	(224) 419-9428
Trade Reference#3	FAVORITE FOOD	Contact	FRED	Phone	(847) 401-7126

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	JULIANA ACHIMAS	Date	11/17/2016
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