Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5	809
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DBA Name	Isabella's	Pizzeria	Le	gal Name	Jbeallc		
Type of Business	Pizza		Ta	x ID	81-0845434		Corp
Full Business Addre	ss 288 North	Broadway	_			_	
Full Billing Address							
Phone at Location	(603) 890	-2345	В	est Phone (603)	396-6908	Fax	
Business Email				Website	isabellaspizzer	ianh.com	
Years In Business	3	Average Tic	ket		Gross Annual S	ales <u>700,000.00</u>	
Do you currently ha	ave cash advance?	No V	Vith who? _			Balance	
Current Credit Card	d Processor			Average	Processing Volu	me	
Last Month Vol.		of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	James Roy		Title	Owner			
Date of Birth	03-03-1977		SSN	023-68-598	38		
Full Home Address	88 Foxhollow Dr						
Home Phone	(603) 890-2345	Cell Phone	(603) 396-69	908 Email	jjr3377@	yahoo.com	
Own/Rent	\$ <u>0 Own</u>	Years There 12.	.5 Dr	ivers Lience # 03	BRYJ77031	State NH	
O #2 N			T'N -				
Owner #2 Name Date of Birth			Title SSN				
Full Home Address			3311				
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	Dr	ivers Lience #		State	
Business Home Bas	ed? No L	ocation: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>Landlord</u>			Conta	ct <u>I</u>	Bruce	
Contact Phone		Cell	I <u>(60</u>	03) 231-1917	Email		
Bank Name/Branch	TD Bank	Contact	Tricia		Phone	(603) 695-3151	
Trade Reference#1	Colony Foods	Contact	Glenn		– Phone	(978) 835-9824	
Trade Reference#2	Demattia Produce	Contact	Don		– Phone	(603) 560-1685	
Trade Reference#3	Pro Dough	Contact	Tim		–	(603) 867-6867	
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)							

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 aboo elisted 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	James Roy	Date	07/27/2016
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