

DBA Name	day for night productions		Legal Name	day for night productions	
Type of Business	photography-weddings and commercial		Tax ID	139463120	Sole Prop
Full Business Address	6417 Montgomery st Rhinebeck 12572				
Full Billing Address					
Phone at Location	(845) 551-1604		Best Phone	(845) 551-1604	Fax
Business Email	cynthia@delcontephoto.com		Website	http://www.delcontephoto.com	
Years In Business	12	Average Ticket		Gross Annual Sales	110,000.00
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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	cynthia delconte		Title	owner photographer	
Date of Birth	08/01/1952		SSN	139-46-3120	
Full Home Address	61 Orchard Drive Rhinecliff nY 12574				
Home Phone	(845) 551-1604	Cell Phone	(845) 551-1604	Email	cynthia@delcontephoto.com
Own/Rent	\$ 0 Rent	Years There	5	Drivers Lience #	732406877
				State	NY
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?	Yes	Location: Lease/Own	Leased	Lease Term	1 year	Monthly Rent	1,950.00
Landlord / Mortgage Co.	Winham re			Contact	Feng Winham		
Contact Phone		Cell		Email			

Bank Name/Branch	Rhinebeck bank	Contact	rosa	Phone	(845) 758-1500
Trade Reference#1	Floricolor USA	Contact	Petra	Phone	(913) 231-9119
Trade Reference#2	Diamond Mills	Contact	Bethany Boice extension 523	Phone	(845) 247-0700
Trade Reference#3	Diane Stredicke	Contact	Diane	Phone	(646) 734-0883

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	cynthia delconte	Date	02/10/2020
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