MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	
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DBA Name		saredo			egal Name	fabulous restaurant and catering		
Type of Business		reastuarnt		-	Tax ID	46-229-9229		Corp
Full Business Addre	!SS	2602 bloom	ington ave					
Full Billing Address								
Phone at Location		(651) 366-	0802		Best Phone	Fax		
Business Email					Website			
Years In Business		2013	Averag	e Ticket		Gross Annual Sa	les <u>50.00</u>	
Do you currently ha	ave cash	advance?	No	With who?			Balance	
Current Credit Card	d Process	or			Average	Processing Volum	e	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	saredo ja	ama		Titl	e owner			
Date of Birth	09/15/19			SS				
Full Home Address			oolis MN 55421					
Home Phone	(651) 36		Cell Phone	(651) 366-	-0802 Email	saredoian	na73@hotmail.com	
Own/Rent	\$ 0 Owi		Years There				State MN	
					_			
Owner #2 Name				Titl	e			
Date of Birth					N			
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$	_	Years There		Drivers Lience #		State	_
Business Home Bas	sed?	No Lo	cation: Lease/0	Own Lease	d Lease Teri	m	Monthly Rent	
Landlord / Mortgage		scott			 Conta	act		
Contact Phone	_			Cell (612) 990-7333	— Email		
	_							
Bank Name/Branch	wells fa	argo	Cont	act		Phone		
Trade Reference#1			Cont	act		Phone		
Trade Reference#2			Cont	act		Phone		
Trade Reference#3			Cont	act		Phone		
I hereby represent that all	the above in	nformation is true	and understand th	hat making false st	atements might he con	sidered fraud. By provid	ling the above information t	he 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	saredo jama	Date	09/28/2016