MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646.417	7.5809
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DBA Name	Pasquale Martino				al Name	Pasquale's Deli			
Type of Business	_	eli/restaurant		Tax	: ID	46-1694233		<u> </u>	Sole Prop
Full Business Addre	ss <u>85</u>	South Main St							
Full Billing Address	_								
Phone at Location					est Phone <u>(860)</u>				
Business Email	s Email <u>Patmartino_99@y</u>		/ahoo.com		Website	Www.pasqualesdelionline.com			
Years In Business	<u>19</u>	m	Average Tick	cet		Gross Annual Sa	ales <u>8</u> 0	0,000.00	
Do you currently ha	ave cash adv	ance?	Yes W	ith who? <u>LC</u>	F Group		Balan	ce <u>4000</u>	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of Tick	cets	2	2nd Month Vol.		#of Tio	kets _	
3rd Month Vol.		#of Tick	cets		4th Month Vol.		#of Tio	kets _	
Owner #1 Name	Pasquale Ma	rtino		Title	Owner				
Date of Birth	091975	Tuno		SSN	6157				
Full Home Address		d fl terryville ct 0	6786	3314					
Home Phone	(860) 995-85		hone		Email	patmartir	no_99@yah	oo.com	
Own/Rent	\$ 0 Own		s There 7	Driv		96596262	State	702mjr	
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Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell P	hone		Email				
Own/Rent	\$	Year	s There	Driv	vers Lience #		State		
Business Home Bas	ed? No	Location	: Lease/Own	Leased	Lease Terr	n	Monthl	y Rent	
Landlord / Mortgage	Co. Britt	any Property M	anagment		 Conta	ct			
Contact Phone			Cell			 Email	_		
Bank Name/Branch	Thomastor	n Savings Bank	Contact			Phone			
Trade Reference#1		*	– Contact						
Trade Reference#2			– Contact			Phone			
Trade Reference#3			Contact			Phone			
			_						

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	Printed Name	Pasquale Martino	Date	12/12/2016