	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Caffe Machi	avello	L6	egal Name	Caffe Mach		
Type of Business		Restaurant		T	ax ID	81-434242	0	LLC
Full Business Addre	SS	195 Page Mil	ll Road, Suite 11	7				
Full Billing Address								
Phone at Location		(650) 242-0	)117	E	Best Phone (41	.5) 310-2282	Fax _	
Business Email		Dean@caffe	emachiavello.cor	<u>n</u>	Website			
Years In Business		2	_ Average T	icket		Gross Annu	al Sales <u>450,0</u>	009.00
Do you currently ha	ave cash	advance?	No	With who? _			Balance _	
Current Credit Card	d Processo	or			Averag	e Processing V	olume	
Last Month Vol.		#o	f Tickets		2nd Month Vo	l	#of Ticket	s
3rd Month Vol.		#o	f Tickets		4th Month Vol		#of Ticket	S
Owner #1 Name	Maria Ne	al		Title	Owner			
Date of Birth	12-21-19	81		SSN —	603-25-	4840		
Full Home Address	287 Hedg	ge Road, Menlo	Park, CA 94025					
Home Phone	(415) 310	)-2282	Cell Phone	(415) 310-2	282 Email	dear	n@caffemachiavello	.com
Own/Rent	\$ <u>0 Owr</u>	1	Years There 2	D	rivers Lience #	D3498031	State	CA
Owner #2 Name				_ Title				
Date of Birth				_ SSN				
Full Home Address Home Phone			Cell Phone		Email			
			Years There		rivers Lience #		Ctata	
Own/Rent	\$		rears mere _		rivers Lience #		State	
Business Home Bas	ed?	No Loc	ation: Lease/Ow	n <u>Leased</u>	Lease Te	erm	Monthly R	ent
Landlord / Mortgage	e Co. <u>H</u>	Iohbach Realt	Гу		Con	tact	Marcus	
Contact Phone	(6	650) 327-152	<u>1</u> Co	ell _		Em	ail	_
Bank Name/Branch	Citibanl	k	Contact	<u> </u>		Phone		
Trade Reference#1			 Contact	 t		—— Phone	-	
Trade Reference#2			Contact	t		Phone		
Trade Reference#3			Contact			Phone		
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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 authorized in 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	Maria Neal	Date	10/21/2019