

DBA Name	The Gables		Legal Name	Weddings LBI	, LLC		
Type of Business	Restaurant, Hospit	ality, Banque	et Tax ID	45390816500	00 LLC		
Full Business Addre	212 Centre Street,	Beach Haven,	, NJ 08008				
Full Billing Address							
Phone at Location	(609) 494-3553		Best Phone	(917) 836-7000	Fax (212) 628-4523		
Business Email	sbeninati@aol.con	1	Website	www.GablesL	BI.com		
Years In Business	13	Average Ticke	et	Gross Annual S	Sales <u>1,100,000.00</u>		
Do you currently ha	ve cash advance?	No Wit	th who?		Balance		
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#of Ticke	ts	2nd Month	Vol	#of Tickets		
3rd Month Vol.	#of Ticke	ts	4th Month	Vol	#of Tickets		
Owner #1 Name	Sondra Webb Beninati		Title Mana	aging Director			
Date of Birth	06021951		SSN 264-	94-4248			
Full Home Address	303 East 83rd Street						
Home Phone	(917) 836-7000 Cell Ph	one (9	917) 836-7000 Ema	l sbenina	ati@aol.com		
Own/Rent	\$ <u>0 Rent</u> Years	There <u>6</u>	Drivers Lience	# <u>W2068689835651</u> 4	State New York (NY)		
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone	Cell Ph	_	Ema				
Own/Rent	\$Years	There	Drivers Lience	#	State		
Business Home Bas	ed? No Location:	Lease/Own	Owned Lease	Term	Monthly Rent		
Landlord / Mortgage	e Co. Private Morgage			Contact	T&J Mara LLC / ThomasEMara@gmail.com		
Contact Phone	(917) 273-1198	Cell	(917) 273-119	98 Email	ThomasEMara@gmail.com		
Bank Name/Branch	Rockefeller Plaza	Contact	Janet Gerena	Phone	(212) 245-2683		
Trade Reference#1	Summit Supply	Contact	Gene Patrone	Phone	(908) 575-1765		
Trade Reference#2	Arway Linen Service	Contact	Lou	Phone	(215) 718-7902		
Trade Reference#3	Dairyland Chef's Warehous	Contact	Michael Merola X20	0508 Phone	(718) 842-8700		

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.

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