

DBA Name		carmen watches			Legal Name		carmen watches					
Type of Business		personal			Tax ID		Sky Time Inc		<u></u>	Corp		
Full Business Addre	:SS	12873 sv	v 135 st									
Full Billing Address												
Phone at Location		(786) 547-1045			Best Phone (786)			547-10	45	Fax		
Business Email		palma.i.	.karen@gn	nail.com		W	ebsite					
Years In Business		8		Average Ti	cket		,	Gross	Annual Sa	ales <u>7</u>	0,000.00	
Do you currently ha	ave cash	advance?	I	No	With who? _					Balar	nce	
Current Credit Card Processor Average Proces							Process	ing Volun	ne			
Last Month Vol.			#of Ticke	ts		2nd N	Month Vol.			#of Ti	ckets	
3rd Month Vol.			#of Ticke	ts		4th M	onth Vol.			#of Ti	ckets	
_												
Owner #1 Name	carmen n				Title –		boss					
Date of Birth	07-15/19				SSN -		261-55-346	63				
Full Home Address	12873 sw		C-II Di-		(706) 547.1	0.45	F 9			I		
Home Phone	(786) 547		Cell Pho		(786) 547-1		Email –		nonmend	lez50@hot		
Own/Rent	\$ <u>0 Owr</u>	1	Years	There 78	865471045 D	rivers L	ience #			_State	florida	
Owner #2 Name					Title							
Date of Birth					- SSN							
Full Home Address					_							
Home Phone			Cell Pho	one			Email					
Own/Rent	\$		_ Years 1	There _	D	rivers L	ience #			_State		
Business Home Bas	sed?	No	Location:	Lease/Owr	n <u>Leased</u>		Lease Tern	n		Month	ly Rent	
Landlord / Mortgage	e Co						Conta	ct	_			
Contact Phone	_			Ce	·II			_	Email			
Bank Name/Branch				Contact				Ph	one			
Trade Reference#1				Contact				Ph	one _			
Trade Reference#2				Contact				– Ph	one _			
Trade Reference#3				Contact				– Ph –	one _			
I hereby represent that all	the above in	formation is	true and unde	arctand that n	naking falso sta	tomonto	might he cons	idorod fra	ud By provi	ding the abo	ave information	the 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 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	carmen mendez	Date	04/05/2017