	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	B2Bespoke Custom Clothic			er	r Legal N		al Name		B2Bespoke Custom Clothier				
Type of Business B2Bespoke Custor			om Clothier		т.	Tax ID		46	46-4863347			LLC	
Full Business Addre	SS	49 Glen I	Head Roa	ad									
Full Billing Address													
Phone at Location		(347) 695-5844				Best Phone (516)		L6) 674	1-4400	Fax	(516)	674-4402	
Business Email		b2bespoke@gmail.com				Website		wv	www.B2bespokeNY.com				
Years In Business		5 Average Tid			Tick	ket		Gro	Gross Annual Sales 650,000.00			00	
Do you currently ha	ave cash a	idvance?		Yes	W	ith who? <u>C</u>	Capito	l One			_ Bala	ance 50K	
Current Credit Card	l Processo	r					_	Averag	ge Proc	essing Vo	lume		
Last Month Vol.			#of Tick	ets _			2nd	Month Vo	l		#of	Tickets	
3rd Month Vol.			#of Tick	cets _			4th	Month Vol	l		#of	Tickets	
Owner #1 Name	Mark Maca	aluso				Title		Partner					
Date of Birth	07/02/197	2				SSN		082-56-	1482				
Full Home Address	2886 Lind	ale St. Wa	ntagh NY	11793									
Home Phone	(516) 674	-4400	Cell F	hone		(516) 384-9	9442	Email		mjma	ca@yahoo.c	om	
Own/Rent	\$ <u>0 Own</u>		_ Year	s There	10	D	rivers	Lience #	59674	6445	State	New '	York
Owner #2 Name	Robert Ba	rtol				Title	!	Partner					
Date of Birth						SSN		056-94-0	0489				
Full Home Address	19 Spinne	Spinner Lane. Commack NY 11725											
Home Phone	(347) 695	-5844	Cell F	hone		(516) 674-4	1400	Email		stopit	roob@gmail	.com	
Own/Rent	\$ Own		Year	s There	5	D	rivers	Lience #	24074	5868	State	New `	York
Business Home Bas	ed?	No	Location	: Lease/C)wn	Leased		_Lease Te	erm	5	Mont	hly Rent	2,926.00
Landlord / Mortgage	e Co. <u>Jo</u>	mar Hold	ing Co.					Con	ntact		Mark Mc	Laughlin	
Contact Phone	<u>(5</u>	16) 250-	9128	_	Cell	<u>(5</u>	516) 2	50-9128		Emai	I _		
Bank Name/Branch	Capitol (One Bank	(Conta	act					Phone			
Trade Reference#1				– Conta	act					Phone			
Trade Reference#2				– Conta	act					Phone			
Trade Reference#3				– Conta	act		_			Phone			
I hereby represent that all authorize you to whom this													

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 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 hehalf

o any or all of the Recipie	ents for the foregoing purposes. You also consoft the Recipients, on its own behalf.				
Signature#1		Printed Name	Mark Macaluso	Date	01/22/2019