

DBA Name		terramarm	ol		_Legal N	lame	Terramarmol II	С		
Type of Business		wholesale distribution			Tax ID		27-2015-879			LLC
Full Business Addre	SS	1450 NW 82	2nd Avenue							
Full Billing Address										
Phone at Location (305) 629-9555			9555		_ Best F	Phone (305)	345-0436	Fax	(305) 345-043	6
Business Email mlascano@t		terramarmol.com		Website						
Years In Business		6	Averag	e Ticket			Gross Annual Sa	ales <u>1</u>	,350,000.00	
Do you currently ha	ave cash	advance?	Yes	With who	o? <u>can ca</u>	apital		Balan	nce <u>80,000</u>	
Current Credit Card	d Process	or				Average F	Processing Volun	ne		
Last Month Vol.		#	of Tickets		2nd	Month Vol.		#of Ti	ckets	
3rd Month Vol.		#	of Tickets		_ 4th	Month Vol.		#of Ti	ckets	
Owner #1 Name	mauricio	lascano			Title	manager				
Date of Birth	20/11/19)72 ————			SSN	769-32-895	57			
Full Home Address	11701 n	w 19th street								
Home Phone	(305) 62	9-9555	Cell Phone	(305) 34	15-0436	Email	mlascano	@terrama	rmol.com	
Own/Rent	\$ <u>0 Ow</u>	<u>n</u>	Years There	12	Drivers	Lience # L2	50552724200	_State	Florida	
Owner #2 Name				7	Γitle					
Date of Birth					SSN					
Full Home Address					JJIN	-				
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Drivers	Lience #		State		
	Ψ <u></u>		Tears There	-						
Business Home Bas	ed?	No Lo	cation: Lease/	Own <u>Leas</u>	sed	_Lease Term	n	Month	ly Rent	
Landlord / Mortgage	e Co. <u>r</u>	os business p	arks		_	Contac				
Contact Phone	_			Cell			_ Email			
Bank Name/Branch	chase	bank	Cont	tact			Phone			
Trade Reference#1			Cont	tact			Phone —			
Trade Reference#2			Cont	tact			Phone			
Trade Reference#3			Cont	tact			Phone			
I hereby represent that all	the above i	nformation is true	e and understand t	hat making false	statement	ts might be consi	dered fraud. By provi	ding the abo	ove information, the ar	oplicant(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	mauricio lascano	Date	12/20/2016