

DBA Name	WESTON BLINDS & SHADES		Legal Name	SCIPPA AND ASSOCIATES CORP	
Type of Business	WINDOW COVERINGS		Tax ID	201450589	Corp
Full Business Address	4445 MAHOGANY RIDGE DR. WESTON, FL 33331				
Full Billing Address					
Phone at Location	(305) 396-4815		Best Phone	(786) 218-3069	Fax (954) 349-6784
Business Email	carlos@westonblinds.com		Website	www.westonblinds.com	
Years In Business	12	Average Ticket		Gross Annual Sales	420,000.00
Do you currently have cash advance?	Yes	With who?	ONDECK, FROG FUNDING		Balance 15,000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	CARLOS DELGADO		Title	PRESIDENT	
Date of Birth	07-10-1968		SSN	591-99-4611	
Full Home Address	4445 MAHOGANY RIDGE DR. WESTON, FL 33331				
Home Phone	(954) 349-6784	Cell Phone	(786) 218-3069	Email	carlos@westonblinds.com
Own/Rent	\$ 0 Own	Years There	10	Drivers Lience #	D423106683670 State FL
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	Yes	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	NATIONSTAR MORTGAGE			Contact	
Contact Phone	(888) 811-5279	Cell		Email	

Bank Name/Branch	CHASE	Contact		Phone	(800) 935-9935
Trade Reference#1	PREMIUM BLINDS CORP	Contact	DANIEL DIAZ	Phone	(786) 426-0191
Trade Reference#2	CUSTOM BRANDS GROUP	Contact	CHRISTY SALAZAR	Phone	(801) 258-3544
Trade Reference#3	FLORIDA FABRIC	Contact	RAQUEL LUCERO	Phone	(786) 507-4346

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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

CARLOS DELGADO

Date

09/20/2016