

DBA Name		Maveli Super Store		-	egal Name	Jacsar Inc			
Type of Business		Indian Groceries, phone services		rvices T	ax ID	134151332			Corp
Full Business Addre	ss <u>2</u>	:08 Market	Street, Nanuet,	NY 10954					
Full Billing Address	-								
Phone at Location		(845) 623-4091			Best Phone (845) 623-4091 Fax				
Business Email		maveli.ss@gmail.com			Website				
Years In Business		20 Average Ticket		Ticket		Gross Annual Sales <u>156,</u>		56,000.00	
Do you currently ha	ave cash ac	dvance?	No	With who? _			Balan	ce	
Current Credit Card				Average	Processing Volu	me			
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tid	ckets	
3rd Month Vol.		#	of Tickets _		4th Month Vol.		#of Tid	ckets	
Owner #1 Name	Abraham Ja	acob		Title					
Date of Birth	01011959			— SSN	048-92-09	 87			
Full Home Address	152 Union Road 2A, Spring Valley, NY 10977								
Home Phone	(845) 623-4		Cell Phone		Email	maveli.s	ss@gmail.co	m	
Own/Rent	\$ 0 Rent		<ul><li>Years There</li></ul>	D	rivers Lience #		State	New York	
							_		
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There	D	rivers Lience #		State		
Business Home Bas	ed?	No Lo	ocation: Lease/Ov	wn <u>Leased</u>	Lease Terr	n	Month	y Rent	
Landlord / Mortgage	e Co.				Conta	ict			
Contact Phone	_			Cell		Email			
Bank Name/Branch			Contac	ct		Phone			
Trade Reference#1			 Contac	ct		– Phone			
Trade Reference#2			Contac	ct		– Phone			
Trade Reference#3			Contac	ct		Phone			
			<del></del>			-			

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	Abraham Jacob	Date	04/12/2017