

DBA Name		Puros De Santiago		Legal Name		Puros De Santiago,LLC		
Type of Business		Cigar Wholesale		Tax ID	ı	Puros De Sar	ntiago,LLC	LLC
Full Business Addre	SS	17 Reliance Ct.						
Full Billing Address								
Phone at Location		(267) 664-2826		Best Phone (267		664-2826	Fax	(215) 723-5051
Business Email		purosdesantiago1	L@aol.com	com Website		http://amosdesantiago.com/		
Years In Business	_	8	Average Tick	et		Gross Annual Sales 200,703.85		
Do you currently have cash advance? Yes With who? Ondeck,Fundbox,Headway Capital Balance \$5,400, \$3, \$6,990							e \$ 5,400, \$3,500, \$6,990	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tick	ets	2nd	l Month Vol.		#of Tick	cets
3rd Month Vol.		#of Tick	ets	4th	Month Vol.		#of Tick	cets
Owner #1 Name	Consuelo			Title	President			_
Date of Birth	10/10/197			SSN	203-82-083	36		
Full Home Address	17 Reliand	ce Ct.						
Home Phone	(267) 664-	-2826 Cell Pl	none (267) 642-4145	Email —	puroso	lesantiago1@a	ol.com
Own/Rent	\$ <u>0 Own</u>	Years	There 10	Driver	s Lience # 29	304 247	State	<u>PA</u>
				-				
Owner #2 Name				Title	-			
Date of Birth				SSN				
Full Home Address		Call Di			Fil			
Home Phone		Cell Pi	_		Email			
Own/Rent	\$	Years	There	Driver	s Lience #		State	
Business Home Bas	ed?	Yes Location:	Lease/Own	Owned	Lease Tern	n	Monthly	Rent
Landlord / Mortgage	e Co. Ci	tiMortgage			Conta	ct		e, Inc. P.O. Box 6728, SD 57117-6728
Contact Phone	(8	00) 283-7918	Cell			Email		
Bank Name/Branch	TELFORE)	Contact			Phone	(215) 723-4	1300
Trade Reference#1			Contact			– Phone		
Trade Reference#2			Contact			– Phone		
Trade Reference#3			Contact			– Phone		
						_		

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	Consuelo Gomez	Date	01/27/2018
-				