

DBA Name	Mission Nutrition	Legal Name	Whole Living LLC	
Type of Business	Retail - Brick & Mortar and Online	Tax ID	45-5336412	LLC
Full Business Address	1040 S Broadway Hicksville NY 11803			
Full Billing Address				
Phone at Location	(516) 465-9665	Best Phone	(516) 351-6407	Fax
Business Email	chris@missionnutrition.com	Website	missionnutrition.com	
Years In Business	4	Average Ticket		Gross Annual Sales 7,000,000.00
Do you currently have cash advance?	No	With who?		Balance
Current Credit Card Processor		Average Processing Volume		
Last Month Vol.		# of Tickets		2nd Month Vol.
				# of Tickets
3rd Month Vol.		# of Tickets		4th Month Vol.
				# of Tickets

<b>Owner #1 Name</b>	Christopher Giordano		Title	Partner	
Date of Birth	19-06-1980		SSN	082-68-9767	
Full Home Address	322A Main St 2fl Huntington NY 11743				
Home Phone	(516) 351-6407	Cell Phone	(516) 351-6407	Email	chris@missionnutrition.com
Own/Rent	\$ 0 Rent	Years There		Drivers Lience #	149299071
				State	NY
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN	--	
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$ Own	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	5 years	Monthly Rent	7,000.00
Landlord / Mortgage Co.	1040 Hicksville Plaza LLC			Contact	Shaban Simmaee		
Contact Phone	(516) 526-0105	Cell	(516) 526-0105	Email	sds708@aol.com		

Bank Name/Branch	Chase Bank	Contact	Rajni Motwani	Phone	(516) 822-2051
Trade Reference#1	Nutrabilio Labs Inc	Contact	Dan Margolis	Phone	(609) 828-1223
Trade Reference#2	Europa Sports	Contact	Michael Murphy	Phone	(704) 405-9287
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 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	Christopher Giordano	Date	11/14/2018
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