

DBA Name	Needlewo	rker's Delight	Le	gal Name	Needleworke	er's Delight	
Type of Business wholesale/retail			_	ax ID	80-0200386	<u> </u>	LLC
Full Business Addre		jhway 1 South					
Full Billing Address		, .,					
Phone at Location	(800) 931	-4545	В	Best Phone (732)	407-9421	Fax	
Business Email	NDORDERS@AOL.COM		 Website		www.needleworkersdelight.com		
Years In Business	26	Average Tick	cet		Gross Annual	Sales <u>575,000.0</u>	00
Do you currently ha	ave cash advance?	No W	ith who? _			Balance	
Current Credit Card	l Processor			Average I	Processing Vol	ume	
Last Month Vol.	#	#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		+of Tickets		4th Month Vol.		- #of Tickets	
						-	
Owner #1 Name	jim kornecki		Title	owner			
Date of Birth	10/01/1970		SSN	142-80-521	13		
Full Home Address	121 arthur avenue						
Home Phone	(732) 388-4545	Cell Phone		Email	ndorde	ers@aol.com	
Own/Rent	\$ 0 Own	Years There 19	Dr	rivers Lience # <u>k6</u>	6233836610702	2 State NJ	
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	Dr	rivers Lience #		State	
Business Home Bas	ed? No Lo	ocation: Lease/Own	Leased	Lease Term	n 8yrs	Monthly Rent	6,325.00
Landlord / Mortgage	e Co. <u>azarian grou</u>	р		Contac	ct		
Contact Phone	(201) 444-71	L11 Cell			_ Email		
Bank Name/Branch	spark business	Contact	on line		Phone		
Trade Reference#1	dutch treat designs	S Contact	claudia		Phone	(925) 294-8621	
Trade Reference#2	sekas and co	Contact	sue		– Phone		
Trade Reference#3	hearts content	Contact	maureer	1	– Phone	(920) 494-9434	
I hereby represent that all	the above information is tru	ie and understand that ma	king false stat	ements might he cons	idered fraud. By pr	roviding the above informa	ation the applicant(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	jim kornecki	Date	03/16/2017
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