MoneyWorks)	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Patrick

DBA Name		iQ juice		Le	gal Name	LIVE LIFE SM	IART, INC	
Type of Business		Corporation			ax ID	83-1776548		Corp
Full Business Addre	ess	480 Forest Ave						<u> </u>
Full Billing Address								
Phone at Location		(646) 761-1190		В	Best Phone (646)	761-1190	Fax	(516) 621-6014
Business Email		info@iQjuice.co	m		Website	www.iQjuice.com		
Years In Business		1	Average Ticl	ket		Gross Annua	l Sales <u>63</u>	0,000.00
Do you currently h	ave cash a	advance?	No W	/ith who? _			Balanc	:e
Current Credit Card	d Processo	or			Average	Processing Vo	lume _	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tic	kets
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tic	kets
Owner #1 Name	Dan Ehrlid	-		Title	President			
Date of Birth	12/05/192			SSN	132-16-54	/5		
Full Home Address Home Phone	51 The Inf (646) 761		Phone	(646) 761-1	100	nawa	rhausa1E1@val	
			-				rhouse151@yal	
Own/Rent	\$ <u>0 Own</u>	rea	rs There 50		rivers Lience # 53	34030731	State	NY
Owner #2 Name				Title				
Date of Birth			-	SSN	-			
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There	D	rivers Lience #		State	
Business Home Bas	sed?	No Location	n: Lease/Own	Leased	Lease Terr	n	Monthly	/ Rent
			n. Lease, own					
Landlord / Mortgag	e Co. <u>Pi</u>	nil Huntington			Conta		516 554-74	09
Contact Phone	_		Cell			Ema	il	
Bank Name/Branch	Citibank	(	Contact	Kim		Phone	(516) 869-3	3330
Trade Reference#1	Kellogg	Graphics	 Contact	Liz Kello	gg	 Phone	(516) 661-0	0853
Trade Reference#2	Higher (	Grounds Printing	— Contact	Michael		 Phone	(516) 554-2	2178
Trade Reference#3	Impress		Contact	John Bifo	one	– Phone	(516) 967-8	8931
I horoby roprosont that all	the above int	formation is true and u	inderstand that ma	king falso stat	tomonts might be sone	sidorod fraud. By r	royiding the above	vo information 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 N	ame Mel Ehrlich	Date	02/27/2019
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