

DBA Name	KIE TO YOUR TASTEBUDS CATERING LLC		Legal Name	KIE TO YOUR TASTEBUDS CATERING LLC	
Type of Business	catering		Tax ID	820806889	LLC
Full Business Address	224 STONECROFT RD				
Full Billing Address					
Phone at Location	(267) 629-0998		Best Phone	(267) 629-0998	Fax
Business Email	kietoyourtastebuds@gmail.com		Website	www.kietoyourtastebuds.com	
Years In Business	2	Average Ticket		Gross Annual Sales	26,000.00
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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	KIERRA BEST		Title	Owner	
Date of Birth	09-20-1988		SSN	214-23-2252	
Full Home Address	224 STONECROFT RD, APT H				
Home Phone	(267) 629-0998	Cell Phone	(267) 629-0998	Email	KIERRABEST@GMAIL.COM
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	31307609
				State	pa
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	Yes	Location: Lease/Own	Leased	Lease Term	8 months	Monthly Rent	1,050.00
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	capital one	Contact		Phone	(410) 246-0180
Trade Reference#1	Personal	Contact	Toni Harris	Phone	(443) 204-2834
Trade Reference#2	Business	Contact	Devin Parker	Phone	(443) 704-2527
Trade Reference#3	Business	Contact	Christiana Ferguson	Phone	(910) 234-1878

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	KIERRA BEST	Date	01/16/2019
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