

												_
DBA Name			ant capital		Le	gal Name	<u>R</u>	estaurant C	apital llc			_
Type of Business		Food Co	nsultant Industr	У	Ta	ax ID	8	12129381			LLC	2
Full Business Addre	SS	320 W 3	8th									_
Full Billing Address												_
Phone at Location (212		(212) 6	212) 643-1563			Best Phone (347) 4		7-4557	Fax			_
Business Email a.za		a.zanini	zaninny@gmail.com			Website		www.andreazanin.com			_	
Years In Business		1	Avera	ge Tick	et		Gr	oss Annual	Sales 2	250,000.00		_
Do you currently ha	ave cash	advance?	No	W	ith who? _				Bala	nce		_
Current Credit Card	d Processo	or				Avera	ge Pro	cessing Vol	ume			_
Last Month Vol.			#of Tickets			2nd Month Vo	ol		#of T	ickets		_
3rd Month Vol.			#of Tickets			4th Month Vo	ol		#of T	ickets		-
Owner #1 Name	andrea Z	anin			Title	Preside	ent /ceo					_
Date of Birth	09-22-19				SSN	392-47						-
Full Home Address		TH APT 220	 D7	-								-
Home Phone	(347) 417		Cell Phone		(347) 417-4	557 Email		a.zanir	nny@gmail.c	om		_
Own/Rent	\$ 0 Ren	t	Years There	2	Dı	rivers Lience #	67271	•	State	New Yo	rk	_
Owner #2 Name					Title							
Date of Birth					SSN							_
Full Home Address												_
Home Phone			Cell Phone	_		Email						_
Own/Rent	\$		Years There		Dı	rivers Lience #			State			
Business Home Bas	ed?	Yes	Location: Lease	/Own	Leased	Lease T	erm		Month	nly Rent		
Landlord / Mortgage	e Co					Со	ntact					_
Contact Phone	_			Cell	_			Email	_			_
Bank Name/Branch	citibank	(Cor	ntact	Julissa O	rtiz		Phone	(212) 594	4-5195		
Trade Reference#1	_		Cor	ntact	_			Phone	_			-
Trade Reference#2			Cor	ntact				Phone				_
Trade Reference#3			Cor	ntact				Phone				_
I hereby represent that all	the above in	formation is	true and understand	that mal	king false stat	ements might be	consider	ed fraud. By pr	oviding the ab	ove informatio	n, 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	andrea Zanin	Date	09/12/2016
-------------	--------------	--------------	------	------------