	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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		T" 5	- 1				6.1			
DBA Name		Tribeca D		Legal Name		Gohov, LLC				
Type of Business		Software			Tax ID		421735936		LLC	
Full Business Addre	SS	90 John Sti	reet							
Full Billing Address										
Phone at Location		(212) 933-1105			Best Phone (917)					
Business Email		eric@tribecadigital.com			Website		tribecadigital.com			
Years In Business		7	Average	Ticket ₋			Gross Annua	I Sales <u>900,000</u> .	00	
Do you currently h	ave cash	advance?	Yes	With who?	Direct	t Capital		Balance <u>30,0</u>	000	
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		
Owner #1 Name	Eric Dian	nond		Tit	-ام	CEO				
Date of Birth	0909197				SN .	122-76-28	 45			
Full Home Address		h end avenue		_						
Home Phone	(917) 75		Cell Phone			Email	eric@	tribecacloud.com		
Own/Rent	\$ 0 Ren		Years There	6	Drivers	— 5 Lience # 17	 75076468	State NY		
					-					
Owner #2 Name				Tit	le					
Date of Birth				 SS	SN					
Full Home Address										
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Drivers	Lience #		State		
Business Home Bas	ed?	No Lo	ocation: Lease/Ov	wn Lease	ed	Lease Terr	n 5	Monthly Rent	7,000.00	
Landlord / Mortgag	e Co.	_				— Conta	ct			
Contact Phone	_			Cell			_ Ema	il		
Bank Name/Branch	TD Ban	k	Conta	ct			Phone	(212) 233-0275		
Trade Reference#1			Conta				– Phone			
Trade Reference#2			 Conta	 ct			– Phone	-	_	
Trade Reference#3			Conta				– Phone			
I hereby represent that all	the above in	oformation is tru	up and understand tha	t making falso	tatomon	ts might he sons	idorod fraud. By r	arouiding the above inform	vation, 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Eric Diamond	Date	05/10/2017