MoneyWorks >>	Sales Rep: Luciano

DBA Name	Polka	Dots	Le	gal Name	Polka dots lim	ited	
Type of Business	s Manufacturer		Ta	ax ID	942235		Corp
Full Business Addre	ess <u>Marvin</u>	s Park Road, White F	River, Ocho Rio	S			
Full Billing Address							
Phone at Location	(876)	974-1475	E	Best Phone (876)) 869-8282	Fax <u>(8</u>	76) 974-1475
Business Email	Polka	Polkadotslimited@yahoo.com		Website			
Years In Business	20	Average	Ticket		Gross Annual Sales 200,		0.00
Do you currently h	ave cash advanc	e? No	With who? _			Balance	
Current Credit Card	d Processor			Average	Processing Volu	ime	
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Cheryl Robinson		Title	Managing	Director		
Date of Birth	180262		 SSN	105-35-93			
Full Home Address	lot 70 river oaks,	St Anns					
Home Phone	(876) 869-8282	Cell Phone	(876) 869-8	282 Email	Polkado	tslimted@yahoo.c	om
Own/Rent	\$ 0 Rent	Years There	10 D	rivers Lience # 1	05359343	State <u>J</u> a	maica
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone		Cell Phone		Email			
Own/Rent	\$	Years There	D	rivers Lience #		State	
Business Home Bas	sed? No	Location: Lease/C	wn <u>Leased</u>	Lease Terr	m	Monthly Rei	nt <u>650.00</u>
Landlord / Mortgage	e Co. Clive mo	rgan		Conta	act	974-1474	
Contact Phone			Cell (8	76) 382-5454	Email		
Bank Name/Branch	Bank of nova s	cotia Conta	act Paolo fa	khourie	Phone	(876) 321-0880	
Trade Reference#1	·	Conta	act _		Phone		
Trade Reference#2		Conta	act		Phone		
Trade Reference#3		Conta	act		Phone		
	the above information	is true and understand th	at making false stat	tements might be con-	sidered fraud. By pro	widing the above info	rmation, 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	Cheryl Robinson	Date	01/17/2017