

DBA Name		EBIKES FLO	ORIDA	Le	egal Name	STOLBERG	S USA, LLC	
Type of Business		retail		Ta	ax ID	35-253367	78	LLC
Full Business Addre	:SS	348 Esplana	ide #56a, Boca	Raton, FL 334	32		_	
Full Billing Address								
Phone at Location		(786) 350-	3397		Best Phone		Fax	
Business Email		info@ebike	esflorida.com		Website	www.ebike	esflorida.com	
Years In Business		2	Average	Ticket		Gross Annu	ual Sales <u>560,000</u>	.00
Do you currently ha	ave cash	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			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	Grigory S	Slepak		Title	CEO			
Date of Birth	1208169	-		SSN	177-61-66	668		
Full Home Address	2966 Dee	er Creek Count	try Club blvd					
Home Phone	(786) 350		Cell Phone		Email	info	@ebikesflorida.com	
Own/Rent	\$ 0 Ren	t	- Years There	1.5 D	rivers Lience # S	 412-282-68-4	48-0 State FL	
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 Base	ed?	No Loca	ation: Lease/Ow	n <u>Leased</u>	Lease Term		Monthly Rent	
Landlord / Mortgage	Co. <u>I</u>	Investments	Limited		Conta	act	Cesar Diaz	
Contact Phone			C	ell <u>(561</u>	L) 392-8920	Email	cdiaz@investr	mentslimited.com
Bank Name/Branch	CITI BAN	IK	Contac	t Kenia Salo	edo	Phone	(954) 480-9241	
Trade Reference#1	#1 Prodeco Technoligies Contact			t Michael Ci	Michael Cintron		(954) 828-2906	
Trade Reference#2	Magnum	n Bikes	Contac	t Jesse Lapi	n	Phone	(801) 556-9989	
Trade Reference#3	Darfon L	Jsa	Contac	t Gene Lurie	9	Phone	(510) 673-4828	
I hereby represent that all	the above in	nformation is true	and understand the	at making false sta	tements might be con-	sidered fraud. B	v providing the above inform	nation, 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	Grigory Slepak	Date	06/20/2017