MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
--------------	--

DBA Name		Rosazza Electrical Contractors Inc			Legal	Name	Rosazza Eelectrical contractors		
Type of Business		electrical contractor			—— Eegal Tax II		043288868		Corp
Full Business Addre	.cc	25 trompke ave				,	01320000		
Full Billing Address	.33	25 crompice ave							
Phone at Location		(413) 467-3300			Rest	Phone (413)	313-3922	Fax	(413) 467-3305
Business Email		rickrosazza@ciomcast.net				Website		Tux	(123) 107 3303
Years In Business		25+		e Ticket		Website	Gross Annual S	ales 16	5,000.00
Do you currently h	avo cash		Yes		who? lendi		0.0007	_	e 18000.00
			163	VVICIIV	viio: <u>ieiiui</u>				10000.00
Current Credit Card	d Process	sor				Average I	Processing Volur	ne -	
Last Month Vol.		#of T	ickets		2nd	d Month Vol.		#of Tic	kets
3rd Month Vol.		#of T	ickets		4th	Month Vol.		#of Tic	kets
Owner #1 Name	Richard	Rosazza			Title	president			
Date of Birth	12-07-62	2			SSN	022- 5-8 81	L		
Full Home Address	25 Trom	ipke Ave							
Home Phone	(413) 31	L3-3922 Ce	ll Phone	(413) 313-3922	Email	rickrosaz	za@comcas	t.net
Own/Rent	\$ <u>0 Ow</u>	<u>ın</u> Ye	ears There	25	Driver	s Lience #		_State	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone		Ce	ll Phone			Email			
Own/Rent	\$	Ye	ears There		Driver	s Lience #		_State	
Business Home Bas	sed?	No Locati	on: Lease/	Own O	wned	Lease Term	า	Monthly	/ Rent
		united bank		_		Contac	-		
Landlord / Mortgage	-					Contac	_		
Contact Phone		(413) 787-1700		Cell			_ Email		
Bank Name/Branch			Cont	tact			Phone		
Trade Reference#1			 Cont	act			Phone		
Trade Reference#2	-		— Cont	act —			– Phone		
Trade Reference#3			— Cont	act —			– Phone		_
I harahu rangaant that all	the shave i	information is true and	Lundovatand t	hat madring f	ialaa atatama	nto might be consi	idered fraud. By prov	iding the she	information 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	Richard Rosazza	Date	09/14/2017