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DBA Name HNL			Legal Name		HNL KITCHENS & BATH					
	Type of Business Kitchen cabinet supplier				47-5543129		_	Corp		
Full Business Address 48 bakertown rd, Suite 302-C monroe NY 10980										
Full Billing Address										
Phone at Location	(845) 237-	Best Phone (845) 2		237-2882	Fax	(845) 2	37-2546			
Business Email	info@hnlkit	chens.com	Website		https://hnlkitchensbath.futuresimple.com/					
Years In Business	2	Average Tick	ket		Gross Annual	Sales <u>1,3</u>	0,000.0	00		
Do you currently ha	ave cash advance?	Yes W	ith who? Azadia	an Group LLC		Balance	57,000)		
Current Credit Card Processor Average Processing Volume										
Last Month Vol.	#	of Tickets	2nd	Month Vol.		#of Tick	ets			
3rd Month Vol.	#0	of Tickets	4th	Month Vol.		#of Tick	ets			
Owner #1 Name	Abraham Gandl		Title	President						
Date of Birth	04/23/1985		SSN	sfassf4d65	4-70-1501					
Full Home Address	1 Radomsk Way, Unit 3	11								
Home Phone	(917) 202-8434		(917) 202-8434	Email	agandl	@hnlkitchens.c	om			
Own/Rent	\$ 0 Own	Years There 8	Drivers	 Lience #41	0512868	State	NY			
Owner #2 Name			Title							
Date of Birth			SSN							
Full Home Address										
Home Phone		Cell Phone		Email						
Own/Rent	\$	Years There	Drivers	Lience #		State				
Business Home Bas	ed? No Lo	cation: Lease/Own	Leased	_Lease Term	4 years	Monthly	Rent	7,000.00		
Landlord / Mortgage	e Co. <u>Lazer</u>			Contac	ct					
Contact Phone	(845) 537-588	30 Cell			_ Email					
Bank Name/Branch	Chase	Contact	Tara Brophy		Phone	(845) 897-6	207			
Trade Reference#1	acpi	Contact	Janci		Phone	(214) 469-3	110			
Trade Reference#2	CNC	Contact	Lazer		- Phone	(718) 416-3	853			
Trade Reference#3	Richeliue	Contact	Webster, Jane	et	- Phone -	(203) 906-9	184			
I hereby represent that all	the above information is true	and understand that ma	king false statement	s might be consi	dered fraud. By pr	oviding the above	information	on, 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.

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Signature#1		Printed Name	Abraham Gandl	Date	12/20/2018						