MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name		Elegant Cui	izines	Le	egal Name	1983		
Type of Business			 Ta	ax ID	474843466		Sole Prop	
Full Business Addre	SS	1100 starlin	g dr					
Full Billing Address			-					
Phone at Location (804) 241-6695			Į.	Best Phone (804) 241-6695	Fax		
Business Email ELEGANTCUIZINES@GMA		JIZINES@GMAI	L.COM Website		www.elegantcuizines.com			
Years In Business		4	Average	Ticket		Gross Annual Sale	es <u>10,000.00</u>	
Do you currently ha	ave cash a	dvance?	No	With who? _			Balance	
Current Credit Card	d Processo	r			Average	Processing Volume	!	
Last Month Vol.		#c	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#c	of Tickets		4th Month Vol.		#of Tickets	
	T							
Owner #1 Name	Theresa H			Title		-20		
Date of Birth Full Home Address	04061983			SSN	230-79-16	038		
Home Phone	1100 star (804) 241		Cell Phone	(804) 241-6	6695 Email	ELEGANTOL	JIZINES@GMAIL.COM	
Own/Rent	\$ 0 Own		Years There		rivers Lience # t		state VA	
Ownynent	\$ O OWII		rears mere	00+2+10033	Tivers Lience #	3	rtate <u>vA</u>	
Owner #2 Name				Title				
Date of Birth				 SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience # _	S	tate	
Business Home Bas	ed?	No Loc	cation: Lease/C)wn Owned	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co				Conta	act		
Contact Phone				Cell _		Email	-	
Bank Name/Branch	One Uni	ted Bank	Conta	act		Phone		
Trade Reference#1	_		Conta	act		Phone		
Trade Reference#2			Conta	act		Phone		
Trade Reference#3			Conta	act		Phone		
I hereby represent that all	the above inf	ormation is true	and understand th	at making false sta	tements might be cor	nsidered fraud. By providi	ng the above information	n, 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	Theresa Headen	Date	05/30/2017
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