DBA Name		Spaghett	o Factory	/	Le	egal Name	Tortellini & co in	ıc	
Type of Business		Italian Food Manufacturer			T	ax ID	30-0406567		Corp
Full Business Addre	:SS	4350 Oak	es Road						
Full Billing Address									
Phone at Location (954) 321-5146				E	Best Phone (305)	458-2313	Fax		
Business Email		fabio@sp	aghettof	actory.com		Website	www.spaghetto.	com	
Years In Business		2009		Average Tick	et		Gross Annual Sal	es <u>600,000.00</u>	
Do you currently ha	ave cash	advance?		No Wi	ith who? _			Balance	
Current Credit Card	d Process	or				Average	Processing Volum	e	
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	Fabio Cra	agnotti			Title	President			
Date of Birth	03/01/1968				SSN	770-02-61	89		
Full Home Address	520 San Marco Drive								
Home Phone	(305) 458	8-2313	Cell Ph	ione		Email	fabio@spa	ghettofactory.com	
Own/Rent	\$ <u>0 Owr</u>	<u>1</u>	Years	There 8	D	rivers Lience # Co	625240640810	State	
O #2 N					T!U -				
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address			C-II Di-			F9			
Home Phone			Cell Ph	_		Email			
Own/Rent	\$		Years	There	D	rivers Lience #		State	
Business Home Bas	sed?	No L	ocation:	Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co. <u>L</u>	andlord				Conta	ct		
Contact Phone				Cell			Email		
Bank Name/Branch	Bank of	f America /	Chase	Contact			Phone		
Trade Reference#1	_			Contact			Phone		
Trade Reference#2				Contact			 Phone		
Trade Reference#3				Contact			 Phone		
I hereby represent that all	the above ir	nformation is t	rue and und	lerstand that mak	king false sta	tements might be cons	sidered fraud. By provid	ing the above 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	Fabio Cragnotti	Date	02/21/2017
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