Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	SE FAX TO:1.646.417.5809
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DBA Name		Lexa Express		l	₋egal Name	Lexa Express	Inc.	
Type of Business		Fast Food Rest	aurant	-	Tax ID	84-2215453		Corp
Full Business Addre	ess	347 E 204th Str	eet, Bronx, N	10467				
Full Billing Address								
Phone at Location		(646) 221-722	3		Best Phone (646) 221-7223	Fax	
Business Email		Hector.trinidad	c21@gmail.co	om	Website			
Years In Business		6 mo	Average Ti	cket		Gross Annual	Sales <u>100,000.0</u>	0
Do you currently h	ave cash	advance?	No	With who?			Balance	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Hector T	rinidad		Titl	e Owner			
Date of Birth	07-11-19	973		– SSI	N 123-58-73	71		
Full Home Address	2654. Ba	inbridge Avenue		_				
Home Phone	(646) 22	1-7223 Cel	l Phone	(646) 221-	-7223 Email	Hector	.trinidadc21@gmail.co	m
Own/Rent	\$ <u>0 Ow</u>	n Ye	ars There 9	years	Drivers Lience # N	YS 366 859 635	State New Y	′ork
Owner #2 Name				Titl –				
Date of Birth				SSI –	N			
Full Home Address Home Phone		Cal	l Phone		 Email			
Own/Rent	\$		ars There		Drivers Lience #		State	
OWII/INCITE	Ψ							
Business Home Bas	sed?	No Locatio	n: Lease/Owr	n <u>Lease</u>	d Lease Teri	n <u>10 year</u>	Monthly Rent	3,303.35
Landlord / Mortgag	e Co. N	MOSBACHER PRO	PERTIES GRO	UP, LLC	Conta	ct	18 EAST 48TH STRI 10017	EET, NY, NY
Contact Phone	<u>(</u>	212) 688-7710	Ce	ell <u>(</u>	212) 688-7710	Email		
Bank Name/Branch	Chase		Contact			Phone		
Trade Reference#1			— Contact	:		— Phone		
Trade Reference#2			— Contact			— Phone		
Trade Reference#3			 Contact			 Phone		
I hereby represent that all authorize you to whom thi will provide financial state authorize Money Works Di authorize you to update m	is applicatio ements, tax irect, Inc. to	n is made or your age returns, etc. as you d receive pertinet infor	nts to investigate eem necessary. A mation regarding	my/our finan A photocopy o the commerc	cial responsibility and c f this authorization will ial lease for the above	redit worthiness, sp be deemed as acc referenced location	pecifically principal and co eptable for release of cred from my leasing compan	rporate entities, and dit information. I/We y and or agent. I/we

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	Hector Trinidad	Date	02/04/2020
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