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DBA Name		VARIOU				Legal N	vame	•	ies Hospital	ity LLC		
Type of Business		6 Hotels				Tax ID		82-1272376				LLC
Full Business Addre	SS	337 OAK	GROVE ST									
Full Billing Address												
Phone at Location	(612) 353-4036				Best Phone (612)			<u> </u>	х _	(612) 353-40	92	
Business Email	melkhateeb@iesinc-us.com				Website			Various				
Years In Business		3 Average T			Ticket		Gross An	Gross Annual Sales <u>5,000,000.00</u>				
Do you currently ha	ave cash	advance?	No)	With who?	·				Balance _.		
Current Credit Card	l Processo	or	_				Average	Processin	g Volume	_		
Last Month Vol.			#of Tickets			2nd	Month Vol.	-	#	of Ticke	ts	
3rd Month Vol.			#of Tickets			4th	Month Vol.		#	of Ticke	ts	
Owner #1 Name	Mohamed	d Elkhateel)		Tit	tle	President	and Genera	l Director			
Date of Birth	09-19-1970				- SS	SN	415-73-57	i-5725				
Full Home Address	337 OAK	GROVE ST			-							
Home Phone	(612) 353	3-4036	Cell Phor	e	(612) 910)-7799	Email	n	nelkhateeb@i	iesinc-us.	com	
Own/Rent	\$ 0 Owr	1	 Years Th _	ere 9	years	Drivers	Lience # K	441-156-23	8-609 Stat	e	MN	
Owner #2 Name					Tit	-lo						
Date of Birth					- SS							
Full Home Address					-) IN	-					
Home Phone			Cell Phor	ie			Email					
Own/Rent	\$		 Years Th	ere		Drivers	Lience #	_	Stat	e		
Pusinoss Homo Pas	od?	No	Location: Le	250/Own	Owne	nd.	Lease Teri		M	onthly R	ont	
Business Home Bas			LUCALIOII. LE	ase/Own	OWITE	u	_				.enc	
Landlord / Mortgage	e Co. <u>V</u>	'arious					Conta	act	Variou	us		
Contact Phone	_			Ce					Email			
Bank Name/Branch				Contact		_		Phor	ne			
Trade Reference#1				Contact				Phor	ne			
Trade Reference#2		_		Contact				 Phor	ne			
Trade Reference#3				Contact				— Phor	ne			
I horoby represent that all	the above in	formation ic	true and under	tand that m	aking falso (tataman	ts might ha san	cidored fraud	By providing t	ho abovo ii	oformation the a	nnlicant(c)

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 Pr	rinted Name	Mohamed Elkhateeb	Date	11/22/2019
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