MoneyWorks > Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	Shan and Toad				Le	egal Name	Shan and To	Shan and Toad			
Type of Business	e of Business ecomme			mmerce/ retail		ax ID	454441069	454441069			Corp
Full Business Addre	SS	41655	Reagan W	ay, Suite F							
Full Billing Address											
Phone at Location		(951)	777-8972		E	Best Phone (718	247-7213	Fax			
Business Email		info@shanandtoad.com			Website		www.shanandtoad.com				
Years In Business		4		Average Ticl	ket		Gross Annual	Sales 800	,000.0	00	
Do you currently ha	ave cas	sh advance	e?	Yes W	/ith who? P —	aypal, Kabbage		Balance –		939.40, 43.29	
Current Credit Card	d Proce	essor				Average	Processing Vo	lume _			
Last Month Vol.			#of Tic	kets	2nd Month Vol.			#of Tick	#of Tickets		
3rd Month Vol.			#of Tic	kets		4th Month Vol.		#of Tick	ets		
Owner #1 Name	Shosh	ana David			Title	owner					
Date of Birth	11-14-	-1984			SSN	061-76-12	83				
Full Home Address	1173	east 21st st	reet, brookl	yn, ny 11210							
Home Phone	(718)	718) 247-7213 Cell Phone				Email	info@	shanandtoad.co	m		
Own/Rent	\$ <u>0 C</u>	\$ 0 Own Years There		rs There	Drivers Lience #			State	NYS		
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	Location	n: Lease/Own	Leased	Lease Terr	n <u>1 year</u>	Monthly	Rent	1,370.0	00
Landlord / Mortgage	e Co.	Manager	ment Prope	erties, Inc.		Conta	ct	krista hundle	ey .		
Contact Phone		(951) 29	6-5225	Cell	_		Emai	ı <u> </u>			
Bank Name/Branch	Bank	of Americ	<del></del> :a	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	s applica ments, t	ation is made cax returns, e	or your agen tc. as you de	ts to investigate n em necessary. A p	ny/our financia photocopy of t	al responsibility and c this authorization will	redit worthiness, s be deemed as acc	pecifically principa ceptable for releas	l and co e of cre	orporate en dit informa	tities, an tion. I/W

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1 Shoshana Bavia Bate	Signature#1	Printed Name	Shoshana David	Date	01/09/2017
		_		Dute _	01/03/201/