

DBA Name		Press bis	stro			Le	egal I	Name	Pres	s bistro, ll	С			
Type of Business		Restaurant			Tax ID			46-2517630				LLC		
Full Business Addre	SS	110 Frank	klin St joh	nstown F	PA 159	01								
Full Billing Address														
Phone at Location	(814) 254-4835				Best Phone (724) 599				1884	Fax				
Business Email		Jeremy@pressbistro.com				Website								
Years In Business		4 Averag			e Ticket					Gross Annual Sales 850,000.00			00	
Do you currently ha	ave cash	advance?		No	With	h who? _					Ва	lance		
Current Credit Card Processor							_	Average	Proces	sing Volu	me			
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	Jeremy S	hearer				Title		Owner						
Date of Birth	03-21-19					SSN		519-96-45	53					
Full Home Address		sty Ct Johns	town PA 15	905		3311								
Home Phone	(724) 599		Cell Ph					Email		jeremy@	nresshi	stro.com		
Own/Rent			There 3			Drivers Lience #		State						
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Owner #2 Name						Title								
Date of Birth						SSN								
Full Home Address														
Home Phone			Cell Ph	ione				Email						
Own/Rent	\$		Years	There		D	rivers	Lience #			State			
Business Home Bas	ed?	No	Location:	Lease/O	wn	Owned		Lease Tern	n		Mor	thly Rent	0.00	
Landlord / Mortgage	 e Co							— Conta	ct	_				
Contact Phone	_				Cell	_				Email	_			
Bank Name/Branch				Conta	ict				Р	hone				
Trade Reference#1				Conta	- act				— Р	hone				_
Trade Reference#2				Conta	- act				— Р	hone				
Trade Reference#3				Conta	_				— Р	hone				
I hereby represent that all	the above ir	formation is	true and und	erstand tha	at makin	ıg false sta	temen	its might be cons	idered f	raud. By pro	vidina the	above inform	ation, the ar	oplicant(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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Jeremy Shearer	Date	04/13/2017