MoneyWorks >	DIFFECT ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Patrick

											_
DBA Name		deluxe town diner			Legal Name		Hand Made Brands inc				_
Type of Business restaurant			Tax ID		043 518 754			Corp	,		
Full Business Addre	:SS	627 Mount	Auburn Str	eet							_
Full Billing Address											_
Phone at Location		(617) 926-8400			Bes	st Phone <u>(617</u>	7) 780-6560	Fax			_
Business Email		dlevy@deluxedinerbrands.com			m Website		deluxetowndiner.com				_
Years In Business		17 Average Tick		t		Gross Annual Sales 2,200,00			.00	_	
Do you currently ha	ave cash a	advance?	Yes	W	ith who? BFS	/Capital		Balar	nce <u>60,00</u>	0.	
Current Credit Card	d Processo	or				Average	Processing Vol	lume			
Last Month Vol.		#	of Tickets		21	nd Month Vol.		#of Ti	ckets		
3rd Month Vol.		#	of Tickets		4	th Month Vol.		#of Ti	ckets		
Owner #1 Name	don levy				Title	chairman,	tres/clerk				_
Date of Birth	2707194	4			SSN	102-34-63	321				-
Full Home Address	52 hillside	e road									_
Home Phone	(617) 780)-6560	Cell Phone	: ((617) 780-656	0 Email	dlevy@	@deluxediner	brands.co	n	_
Own/Rent	\$ 0 Own	1	Years The	re <u>10</u>	Drive	ers Lience # S	35405141	State	Massa	chusetts	_
Owner #2 Name					Title						_
Date of Birth					SSN						_
Full Home Address											_
Home Phone			Cell Phone	_		Email					_
Own/Rent	\$		Years The	re	Drive	ers Lience # _		State			
Business Home Bas	sed?	No Lo	cation: Lea	ase/Own	Leased	Lease Ter	m <u>14</u>	Month	ly Rent	8,800.00	_
Landlord / Mortgage	e Co. <u>A</u>	vanitis Real	ty			Conta	act	Mrs. Ange	la Arvani	tis	_
Contact Phone	(6	517) 599-84	19	Cell			Emai	l			_
Bank Name/Branch	Citizens Bank/M	s Iassachuset		Contact	ilse greer	l	Phone	(857) 38	9-2431		
Trade Reference#1	US FOC	DDS		Contact			Phone				
Trade Reference#2	JW Lope	es		Contact	-		 Phone				_
Trade Reference#3				Contact			Phone				_
											_

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	don levy	Date	05/31/2017