	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	WineWorldTo	ours.com	Legal Name	E-Travel Concepts Inc		
Type of Business	Wine Countr	yTour Operator	Tax ID	11-3715383	Corp	
Full Business Address 14 Palomino Lane, Rolling Hills Estates, CA 90274						
Full Billing Address						
Phone at Location	(800) 980-80	005	Best Phone (213) 399-5999 Fax		
Business Email	david@wine	worldtours.com	Website	wineworldtours.com		
Years In Business	7	Average Ticke	et	Gross Annual Sales 76,000.	00	
Do you currently ha	ave cash advance?	Yes Wi	th who? Headway Capital	Line of Credit Balance \$15	5,000	
Current Credit Card	l Processor		Average	Processing Volume		
Last Month Vol.	#of	Tickets	2nd Month Vol.	#of Tickets		
3rd Month Vol.	#of	Tickets	4th Month Vol.	#of Tickets		
Owner #1 Name	David Marchese		Title CEO			
Date of Birth	08/04/1944		SSN 049-34-41	118		
Full Home Address	14 Palomino Lane					
Home Phone	(213) 399-5999	Cell Phone (2	213) 399-5999 Email	david@wineworldtours.com	1	
Own/Rent	\$ <u>0</u> Own	Years There 30	Drivers Lience # N	12420429 State CA		
O #2 No			Tibl a			
Owner #2 Name Date of Birth			Title SSN			
Full Home Address						
Home Phone		Cell Phone	 Email			
Own/Rent		— Years There	Drivers Lience #	State		
Business Home Bas	ed? Yes Loca	ation: Lease/Own	<u>Leased</u> <u>Lease Terr</u>	m <u>TBD</u> Monthly Rent	0.00	
Landlord / Mortgage	e Co. Karon Varon		Conta	act Karen Varon		
Contact Phone	(310) 541-9346	S Cell	(310) 850-3420	Email Karenlvard	on@gmail.com	
Bank Name/Branch	J.P. Morgan Chase	Contact	David Leyva, VP Manage	er Phone (310) 421-3220		
Trade Reference#1	emarketwerx	Contact	Mr. Christopher Barnes	Phone (310) 686-2314		
Trade Reference#2	tonygarzioart.com -design	Contact	Tony Garzio	Phone (323) 459-6438		
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	David Marchese	Date	05/09/2017
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