

DBA Name		Le Palace Orl	ando		Leg	al Name	Le Palace Orla	ndo LLC		
Type of Business		Adult Entertainment			Tax	ID	46-2711950			LLC
Full Business Addre	ess	5526 S Orange	526 S Orange Blossom Trail, Orlando FL 32839							
Full Billing Address										
Phone at Location		(407) 218-2496			Be:	st Phone (407)	218-2496	Fax	(407) 641-850)1
Business Email		quickshortsale@gmail.com				Website	www.lepalaceorlando.com			
Years In Business		2	Average	e Ticket			Gross Annual S	ales <u>15</u>	0,000.00	
Do you currently h	ave cash	advance?	Yes	With v	vho? <u>Yel</u>	lowstone/ One S	Source	Balanc	e <u>60000</u>	
Current Credit Car	d Process	or				Average P	Processing Volu	me _		
Last Month Vol.		#of	Tickets		2	nd Month Vol.		#of Ticl	kets	
3rd Month Vol.		#of	Tickets		4	th Month Vol.		#of Ticl	kets	
Owner #1 Name	Viviana T	eiada			Title	owner				
Date of Birth	07/03/19				SSN	584-91-172	2			
Full Home Address	202 Palmyra Drive, Orlando FL 32807						_			
Home Phone	(407) 218		ell Phone			Email	guicksho	ortsale@gma	il.com	
Own/Rent		\$ 0 Own Years There		2 Drivers Lience #		State				
								_		
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone		C	ell Phone			Email				
Own/Rent	\$	Y	ears There		Driv	rers Lience #		_State		
Business Home Bas	sed?	No Locat	tion: Lease/0	Own Le	eased	Lease Term		Monthly	/ Rent	
 Landlord / Mortgag	 e Co.					 Contac	t			
Contact Phone	_			Cell			_ Email			
Bank Name/Branch			Cont	act			Phone			
Trade Reference#1			 Cont	act			- Phone			
Trade Reference#2			 Cont	act —			- Phone			
Trade Reference#3			 Cont	act —			- Phone			
I hereby represent that all	the above in	formation is true ar	nd understand th	hat making f	alsa stator	ments might he consi	dered fraud. By prov	viding the abov	e information the ar	nlicant(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 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	Viviana Tejada	Date	10/18/2016
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