

DBA Name	<u>l.</u>	i.c. bikes		Leg	al Name	long island cit	y bicycles	
Type of Business	etail	tail			454065659		Corp	
Full Business Addre	ss 25	-11 queens pla	za n, l.i.c., ny i	11101				
Full Billing Address								
Phone at Location (718) 472-4537				Best Phone			Fax	
Business Email colonsil		olonsilvestre@g	silvestre@gmail.com		Website			
Years In Business	11	·	Average Tick	et		Gross Annual S	Sales <u>520,00</u>	0.00
Do you currently ha	ave cash adv	ance?	Yes W	ith who? <u>fo</u>	rward line		Balance 16	5000
Current Credit Card	l Processor				Average	Processing Volu	me	
Last Month Vol.		#of Ticl	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ticl	cets		4th Month Vol.		#of Tickets	
Owner #1 Name	colon silvest	re		Title	president			
Date of Birth	06231968			SSN	071-66-40	152		
Full Home Address	34-06 32nd s			3311				
Home Phone	(718) 472-45		Phone		Email	colonsil	vestre@gmail.com	
Own/Rent	\$ 0 Rent		s There 8	Dri		29296089	State ny	
·					_			
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address			-					
Home Phone		Cell F	Phone		Email			
Own/Rent	*	Year	s There	Dri	vers Lience #		State	
Business Home Bas	ed? N	o Location	ı: Lease/Own	Leased	Lease Ter	m	Monthly Rei	nt
Landlord / Mortgage	 e Co.				 Conta	act		
Contact Phone			Cell			Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			– Contact			Phone		
Trade Reference#2	-		– Contact			 Phone		
Trade Reference#3			_ Contact			Phone		
I hereby represent that all	the above inform	nation is true and u	nderstand that mal	king false state	ments might be con	sidered fraud. By pro	viding the above info	ermation, the applicant(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	colon silvestre	Date	09/15/2017
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