

DBA Name	M	IANSTRAVEL		L	egal Name	MANSTRAV	EL		
Type of Business		ROFESSIONAL LU OOPERATE TRAV			ax ID		13-4158587 LLC 814435043		LLC
Full Business Addre	ss <u>11</u>	4 LEDGEBROOK	DRIVE, NOR	WALK, CT	06854				
Full Billing Address									
Phone at Location	(2	203) 852-4300			Best Phone (91	7) 860-1232	Fax	(203) 8	31-9044
Business Email	<u>m</u>	nantra2sj.mans@	aol.com		Website	manstravel	s.com		
Years In Business	12	У	Average Tick	ket		Gross Annua	ial Sales <u>500,000.00</u>		
Do you currently ha	ave cash adv	ance?	No W	ith who? _			Bal	lance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of Tick	ets		2nd Month Vol		#of	Tickets	
3rd Month Vol.		#of Tick	ets		4th Month Vol.		#of	Tickets	
Owner #1 Name	EUGENIA CHI	INSMAN		Title	e PRESIDE	NT			
Date of Birth	10=20-1946 SSN 106-72-0444								
Full Home Address	114 LEDGEBROOK DRIVE, NORWALK, CT. 06854								
Home Phone	(203) 852-4300 Cell Phone Email manstravel@gmail.com								
Own/Rent	\$ <u>0</u> Own	Own Years There 917-860-1232 Drivers Lience # 228181633 State CT							
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address Home Phone		Cell Pl	hono		Email				
Own/Rent	\$		There		Orivers Lience #		State		
OWII/Relit	Ψ				Tivers Lience #				
Business Home Bas	ed? Ye	esLocation:	Lease/Own	Owned	Lease Te	rm	Mon	nthly Rent	
Landlord / Mortgage	e Co				Con	tact			
Contact Phone			Cell	_		Ema	ail _		
Bank Name/Branch	JP MORGAI	N CHASE	Contact	MITCH	EDWARDS	Phone	(203)	655-0382	
Trade Reference#1	LISA WATS	SON	Contact	NACTA OFFICE	DEVELOPMENT R	Phone	(703)	739-6824	
Trade Reference#2	JOANN PAE	Z	Contact	GOGO		Phone	(860)	490-2066	
Trade Reference#3	DARLEAN	MCCLURE	Contact	OHAPP	/ TRAVEL	Phone	(559)	827-9013	

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	EUGENIA CHINSMAN	Date	05/23/2017