

DBA Name		kens ac	quarium &	pet supply	Le	gal Na	ame	lori ma	arkosian			
Type of Business		retail	-		Tax ID		47-377	76819			Sole Prop	
Full Business Addre	ess	730 e ce	erro gordo :	st. decatur il	62523							•
Full Billing Address	-											
Phone at Location		(217) 4	28-7420		Best Phone					Fax		
Business Email						We	ebsite					
Years In Business		1.5		Average Tick	ket			Gross A	Annual Sa	les	125,000.00)
Do you currently h	ave cash a	dvance?	•	Yes W	ith who? y	ellow	stone			Bal	ance <u>2200</u>	
Current Credit Card	d Processo	r					Average	Processi	ng Volum	ie		
Last Month Vol.			#of Ticke	ets		2nd M	lonth Vol.			#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th M	onth Vol.			#of	Tickets	
Owner #1 Name	lori marko	sian			Title		owner					
Date of Birth	04/07/68				SSN		351-72-020	62				
Full Home Address	730 e cerr	o gordo d	decatur il									
Home Phone	(217) 201	-1986	Cell Ph	ione			Email		sadeemai	naw@y	ahoo.com	
Own/Rent	\$ <u>0 Own</u>	0 Own Years There			Drivers Lience #			State				
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Ph	ione -			Email -					
Own/Rent	\$		_ Years	There	Dr	rivers L	ience #			State		
Business Home Bas	sed?	No	Location:	Lease/Own	Owned		Lease Tern	n		Mon	thly Rent	
Landlord / Mortgage	e Co						Conta	ct	_			
Contact Phone	_			Cell				_	Email	_		
Bank Name/Branch				Contact				Pho	one			
Trade Reference#1				Contact				Pho	one			
Trade Reference#2				Contact				– Pho	one			
Trade Reference#3				Contact				– Pho	one _			
I hereby represent that all	the above inf	ormation is	true and und	lerstand that ma	king false stat	ements	might be cons	sidered fra	ud. By provi	ding the	above informati	on, 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	lori markosian	Date	11/16/2016