

DBA Name		Bella Cuccina Ind	 :.	Lega	ıl Name	C&C Remode	ling Solutions inc.	
Type of Business		S Corp		Tax ID		27-2275738		Corp
Full Business Addre	SS	4270 Creek Park	Dr. Suite 500					
Full Billing Address								
<u>-</u>		(678) 765-2177	77		st Phone (678) 3	358-4401	Fax	
Business Email jason@bellacu		jason@bellacuco	cina.com		Website	bellacuccina.com		
Years In Business		5 Average		cket		Gross Annual Sales 180,000.00		
Do you currently ha	ave cas	sh advance?	No W	ith who?			Balance	
Current Credit Card Processor Average Processing Volume						ume		
Last Month Vol.		#of Ticl	kets	2ı	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ticl	cets	4	th Month Vol.		#of Tickets	
Owner #1 Name	Catalin	n Sturzoiu		Title	Owner			
Date of Birth	10-25-			SSN	667-05-9545	 5		
Full Home Address	1952 Riverton Dr.							
Home Phone			Phone	(678) 358-440	1 Email	bettero	abinets@gmail.com	
Own/Rent	\$ 0 Own Years There 1			Drivers Lience # 050433306 State Ga				
								<del></del>
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell I	Phone _		Email			
Own/Rent	\$	Year	s There	Drive	ers Lience #		State	
Business Home Bas	ed?	No Location	ı: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage	e Co.	Phil Holdings Llc			Contact	t	Zia Ansari	
Contact Phone		(770) 408-1048	_ Cell			. Email	zia@georgiaexp	o.com
Bank Name/Branch	Wells	Fargo	Contact			Phone		
Trade Reference#1	Richelieu Conta		 Contact	Maria Tortorici		Phone	(855) 315-4780	
Trade Reference#2 Sherwin Williams		 Contact			Phone	(866) 627-1598		
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	Catalin Sturzoiu	Date	09/13/2016
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