

DBA Name	ame Small Corp			orp		al Name	cmj painting corp				
Type of Business		constru	uction		Tax ID		812937667		_	Corp	
Full Business Address 483 Middle Rd,Riverhead NY 11901											
Full Billing Address											
Phone at Location	(631) 375-1137			Best Phone			Fax				
Business Email		cmjpaintingcorp@gmail.com			Website						
Years In Business	3		Average Tick		cet		Gross Annual Sales 550,000.00		,000.00		
Do you currently ha	ave cash a	advance?	?	Yes V	/ith who? <u>on</u>	point solutions		Balance	5,500		
Current Credit Card	l Processo	r				Average	Processing Volu	ume _			
Last Month Vol.			#of Tic	kets	2	nd Month Vol.	-	#of Tick	ets		
3rd Month Vol.			#of Tic	kets	4	th Month Vol.		#of Tick	ets		
Owner #1 Name	carlos sar	miento			Title	President					
Date of Birth	06031973				SSN	917-70-466	 52				
Full Home Address	483 Middle Rd,Riverhead NY 11901					-					
Home Phone	(631) 375-1137 Cell Phone				Email	cmjpai	ntingcorp@gma	il.com			
Own/Rent	\$ 0 Own		Yea	rs There 631	L3751137 Driv	 ers Lience #34	 17982593	State	NY		
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell	Phone -		Email					
Own/Rent	\$		Yea	rs There	Driv	rers Lience #		State			
Business Home Bas	ed?	No	_Locatio	n: Lease/Own	Leased	Lease Tern	n	Monthly	Rent		
Landlord / Mortgage Co.				Conta	ct						
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 inf	ormation is	s true and u	nderstand that ma	aking false stater	ments might be cons	idered fraud. By pro	oviding the above	information, 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 Pr	rinted Name	carlos sarmiento	Date	07/16/2019
----------------	-------------	------------------	------	------------