

DBA Name		Zvdowsky (Consultants LL	С	Legal N	ame	Zvdc	wsky Cons	ultants I	I C	
Type of Business		Management consulting			_	Tax ID		Zydowsky Consultants LLC 201472545			LLC
Full Business Address		300 Beale #301 San Francisco CA 9410						.,			220
Full Billing Address	55	300 200.0									
Phone at Location		(415) 602-9006			Best P	Best Phone (415)		006	Fax		
Business Email		Lynne@zydiwskyconsultants.com			_	Website					
Years In Business		17 Average Ticke						Gross Annual Sales 1,000,000			
Do you currently ha	ave cash	advance?	Yes	With who	? Kabba	ge			Balan	ice <u>\$48,000</u>	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.		#c	of Tickets		2nd	Month Vol	l		#of Ti	ckets	
3rd Month Vol.		#c	of Tickets		_ 4th I	Month Vol			#of Ti	ckets	
Owner #1 Name	Lynne Zy				itle	Presiden					
Date of Birth	22051958 SSN 353-52-1298										
Full Home Address	300 Beal	e Street									
Home Phone	(415) 602	2-9006	Cell Phone	(415) 60)2-9006	Email —		lynne@zy	dowskyco	nsultants.com	
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	Years There	23	Drivers	Lience #	B976082	8	State	CA	_
O				-	-:						
Owner #2 Name					itle						
Date of Birth					SSN						
Full Home Address Home Phone			Cell Phone			Email					
Own/Rent	\$		Years There	_	Drivers	Lience #			State		
							-		-		_
Business Home Bas	ed?	Yes Loc	ation: Lease/	Own <u>Owr</u>	ned	_Lease Te	erm _		Month	ly Rent	
Landlord / Mortgage	e Co. <u>N</u>	lation Star Mr	Cooper		_	Con	tact	_			
Contact Phone	_			Cell				Email			
Bank Name/Branch	Wells F	argo	Cont	tact			P	hone			
Trade Reference#1	-		Cont	act ——			<u>—</u> Р	hone			
Trade Reference#2			 Cont	act ——			<u>—</u> Р	hone —			
Trade Reference#3			Cont	act			P	hone			

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	Lynne Zydowsky	Date	01/19/2020