MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: John
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DBA Name		Sugar N	Spice Bak	ery Cafe	Le	egal Name	Sugar N Spic	e	
Type of Business		Bakery			Tā	ax ID	46-5267271		LLC
Full Business Addre	:SS	14970 W	Indian Sch	nool Road					
Full Billing Address									
Phone at Location		(623) 53	5-1877		E	Best Phone (623)) 824-9620	Fax	
Business Email						Website			
Years In Business		10		Average Tick	et		Gross Annual	Sales <u>563,000.0</u>)
Do you currently ha	ave cash	advance?	I	No Wi	ith who? _			Balance	
Current Credit Card	d Process	sor				Average	Processing Vol	ume	
Last Month Vol.			#of Ticke	ts		2nd Month Vol.	-	#of Tickets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Tickets	
Owner #1 Name	Ken Dim				Title				
Date of Birth	07-29-1	968			SSN	586-38-52	97		
Full Home Address	215 W D	Dorado Circle							
Home Phone	(623) 82	24-9620	Cell Pho	one (623) 824-9	620 Email	minkdi	mang@yahoo.com	
Own/Rent	\$ <u>0 Ow</u>	<i>i</i> n	Years	There <u>6238</u>	3249620 D	rivers Lience # D	03875967	StateArizon	a
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					3311				
Home Phone			Cell Pho	one		Email			
Own/Rent	\$		— Years	_		rivers Lience #		State	
·									
Business Home Bas	sed?	No I	_ocation:	Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co.	\$4,000				Conta	act	Robert Winegar	
Contact Phone	_	(480) 861-7	717	Cell	<u>(4</u>	80) 861-7717	Email	bob@bobwin	egar.com
Bank Name/Branch	Wells I	Fargo		Contact	Carlos		Phone	(623) 935-1274	
Trade Reference#1	Bakem	nark		Contact	Frank Ru	ussell	— Phone	(602) 319-1863	
Trade Reference#2	Dawn	Food Servic	es	Contact	Tim Stut	Z	 Phone	(602) 882-2986	
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	Ken Dimang	Date	04/23/2018