

DBA Name		BNMPRODUCTS AND SERVICES INC.		INC. Le	gal Name	mnb products and services inc		
Type of Business		manufacturing		Ta	ax ID	45-5526974		Corp
Full Business Addre	:SS	1561 LINCOLN A	·VΕ					
Full Billing Address								
Phone at Location		(631) 750-1586			Best Phone (631) 750-1586 Fax			
Business Email		sales@bnmproducts.com			Website			
Years In Business		5	Average Ticke	et		Gross Annual	Sales <u>250.00</u>	
Do you currently h	ave cash	advance?	No Wi	th who? _			Balance	
Current Credit Card Processor		or			Average	Processing Vol	ume	
Last Month Vol.		#of Tio	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tio	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	sergio lor			Title	PRESIDEN			
Date of Birth	12-28-19			SSN	926-76-19	66		
Full Home Address	284 ame							
Home Phone	(631) 750	0-1586 Cell	Phone (6	631) 750-1			bnmproducts.com	
Own/Rent	\$ <u>0 Ren</u>	t Yea	ars There 2	Dr	rivers Lience # $\frac{L0}{2}$	ORENSO306R8	State WA	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Phone		Email			
Own/Rent	\$	Yea	ars There	Dr	rivers Lience #		State	
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Terr	n	Monthly Rent	1,000.00
Landlord / Mortgage Co. Ross re		loss realty			Conta	ict		
Contact Phone	<u>((</u>	631) 231-4070	Cell			Email		
Bank Name/Branch	td bank	(	Contact			Phone	(188) 875-1900	
Trade Reference#1			— Contact			— Phone		
Trade Reference#2			— Contact			— Phone		
Trade Reference#3			— Contact			— Phone		
I hereby represent that all	the above in	formation is true and	understand that mak	ing false stat	rements might he cons	sidered fraud. By pr	roviding the above informa	tion, 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	sergio lorenzo	Date	11/28/2016