MoneyWorks >>	Sales Rep: Jonathan

DBA Name		Diamond	l's Magic	L	egal I	Name	TNC LLC		
Type of Business Retail		Tax ID		38-3927094		LLC			
Full Business Addre	ess	515 Lowe	ll St.						
Full Billing Address									
Phone at Location (978) 535-8950		Best Phone			Fax				
Business Email					W	/ebsite	Www.diamondsr	nagic.com	
Years In Business		21	Average T	icket			Gross Annual Sal	es <u>98,000.0</u>	0
Do you currently h	ave cash a	advance?	Yes	With who? <u>H</u>	Kabba	age		Balance 1600)
Current Credit Card	d Processo	or			_	Average	Processing Volume	e	
Last Month Vol.			#of Tickets		2nd	Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets		4th	Month Vol.		#of Tickets	
Owner #1 Name	Vincent D	eangelis		Title	<u> </u>	Owner			
Date of Birth	01051963			— SSN		033-54-25	49		
Full Home Address	1 Silver Le	eaf Way		_					
Home Phone	(978) 395	-1964	Cell Phone			Email	vince@dia	mondsmagic.com	
Own/Rent	\$ 0 Rent		— Years There	D	rivers	 S Lience #		State	
Owner #2 Name				Title	9				
Date of Birth				SSN	l				
Full Home Address									
Home Phone			Cell Phone			Email —			
Own/Rent	\$		Years There _	D	rivers	Lience #		State	
Business Home Bas	sed?	No L	Location: Lease/Ow	n <u>Leased</u>		_Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co					Conta	ct		
Contact Phone	_		Co	ell _			Email		
Bank Name/Branch			Contact	t			Phone		
Trade Reference#1			Contact	t			Phone		
Trade Reference#2			Contact	t			Phone		
Trade Reference#3			Contact	t			Phone		
I hereby represent that all	the above in	formation is t	rue and understand that	making false sta	atemen	ts might be cons	sidered fraud. By provid	ing the above informa	ation, 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	Vincent Deangelis	Date	06/05/2017
-------------	--------------	-------------------	------	------------