

DBA Name	HAHCO WORLDWIDE		Legal Name	HAHCO WORLDWIDE	
Type of Business	DISTRIBUTOR OF MEDICAL GLOVES		Tax ID	82-2371243	Corp
Full Business Address	211 EAST 43 STREET NYC 7TH FLOOR				
Full Billing Address					
Phone at Location	(917) 514-2188		Best Phone	(917) 514-2188	Fax
Business Email	SALES@HAHCOWORLDWIDE.COM		Website	WWW.HAHCOWORLDWIDE.COM	
Years In Business	18 M	Average Ticket		Gross Annual Sales	3,000,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	ALISON UDIS		Title	PRESIDENT/OWNER	
Date of Birth	9/10/66		SSN	066-48-4973	
Full Home Address	211 EAST 70 STREET				
Home Phone	(917) 514-2188	Cell Phone	(917) 239-4399	Email	SALES@HAHCOWORLDWIDE.COM
Own/Rent	\$ 0 Rent	Years There	12	Drivers Lience #	N/A
				State	N/A
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	TKO SUITES			Contact	NICOLE AGOSTINI
Contact Phone	(212) 365-5040	Cell		Email	211@TKOSUITES.COM

Bank Name/Branch	TD BANK	Contact	MARLON SAMUELS	Phone	(212) 271-8814
Trade Reference#1	RESTAURANT DEPOT	Contact	AVI HERSKOWITZ	Phone	(718) 412-4571
Trade Reference#2	MICHAEL LEWIS	Contact	JACK LAMB	Phone	(708) 688-2200
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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	ALISON UDIS	Date	03/22/2019
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