MoneyWorks >>	Sales Rep: Patrick

DBA Name		Village spirit		Lega	Name	Abraham LL	<u> </u>	
Type of Business		Liquor store		Tax I	D	46-3633306		LLC
Full Business Addre	SS	66 merrow road						
Full Billing Address								
Phone at Location	ation (860) 875-5225		ı	Best Phone (860)		875-5225	Fax	
Business Email		villagespirittolla	and@yahoo.co	<u>m</u>	Website			
Years In Business		3.5	Average Tic	ket		Gross Annual	Sales <u>1,200,000.00</u>	
Do you currently ha	ave cash a	advance?	Yes V	Vith who? Kabl	oage, ondeck		Balance 30,000	
Current Credit Card	d Processo	or			Average	Processing Vo	lume	
Last Month Vol.		#of Tic	kets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.		#of Tid	ckets	4t	h Month Vol.		#of Tickets	
Owner #1 Name	Abdul Q F	akhar		Title	Owner			
Date of Birth	02021982	2		SSN	046-98-80	51		
Full Home Address	609 Merro	ow Road						
Home Phone	(860) 978	3-4497 Cell	Phone	(860) 978-4497	Email	village	espirittolland@yahoo.com	
Own/Rent	\$ 0 Rent	t Yea	rs There 860	09784497_Drive	rs Lience # 14	47520190	State CT	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				3311				
Home Phone		Cell	Phone		Email			
Own/Rent	\$		rs There	Drive	rs Lience #		State	
Ownyrtene	Ψ							
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. K	D GATEWAY			Conta	ct		
Contact Phone			Cell	<u> </u>		Emai	l	
Bank Name/Branch	Key bar	nk	Contact	Andrew Par	sun	Phone	(860) 870-7066	
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 i	 understand that ma	aking false stateme	ents might be cons	= sidered fraud. By n	roviding the above information.	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	Abdul Q Fakhar	Date	06/27/2017