

DBA Name		Bella Fiori F	lowers	l e	gal Name	Fleur De Lis Fv	vent Decor LLC	
Type of Business		Weddings Decor and Design			ax ID	261888587		LLC
Full Business Address			tte Place Hyatts					LLC
Full Billing Address	3	3020 Laraye	tte Hace Hyates	WIIIC 1415 2070.	<u>-</u>			
Phone at Location		(443) 519-6	5088	E	Best Phone (443)	519-6088	Fax	
Business Email			@BELLAFIORIFL		Website	WWW.BELLAFIORIFLOWERS.COM		
Years In Business			Average			Gross Annual Sales 500,000.00		
Do you currently hav	ve cash a	advance?	Yes	With who?			Balance around \$150	00
Current Credit Card	r			Average	Processing Volu	me		
Last Month Vol.		#c	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#c	of Tickets _		4th Month Vol.		#of Tickets	
Owner #1 Name	Roberta S	Salcedo		Title	oNWER			
-	07011976 SSN 104-90-2086							
Full Home Address	11235 Oak Leaf Drive apt 1417 Silver Spring MD 20901							
Home Phone	(443) 519	9-6088	Cell Phone	(443) 519-6	088 Email	contact	us@bellafioriflowers.com	
Own/Rent	\$ 0 Rent	<u> </u>	Years There	(301) 2320420	Drivers Lience #	S-423-744-675-52	State Maryland	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone	Cell Ph		Cell Phone		Email			
Own/Rent	\$		Years There	Dı	rivers Lience #		State	
Business Home Base	ed?	No Loc	ation: Lease/O	wn <u>Leased</u>	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	Co. G	eorge Martin	1		Conta	ct	George Martin	
Contact Phone	<u>(3</u>	301) 946-881	.0	Cell		Email		
Bank Name/Branch	Bank of	America	Conta	ct		Phone		
Trade Reference#1 Danisa Flowers			 Conta	ct		– Phone	(301) 585-7337	
Trade Reference#2			Conta	ct		– Phone		
Trade Reference#3			Conta	ct		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 Printe	ed Name Robert	rta Salcedo D	Date	11/13/2019
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