MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809	
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DBA Name										
Full Business Address Full Billing Address Phone at Location Business Email Expertfab@aol.com Website Gross Annual Sales 1,300,000.00 Balance 3600 Do you currently have cash advance? Yes With who? Swift Financial Balance 3600 Current Credit Card Processor Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 4th Month Vol. # of Tickets Date of Birth 11/27/1963 SSN 311-82-1372 Full Home Address Home Phone 219 629-1800 Cell Phone 219 629-1800 Email Email Date of Birth SSN Full Home Address Full Home A	.				Legal Name		Expert Fabricators Inc.		_	
Full Billing Address Phone at Location (219) 629-1800	Type of Business					ax ID	20-241934	15	Corp)
Phone at Location Care C		SS	17424 Whi	te Oak Ave						_
Expertfab@aol.com	Full Billing Address									_
Years In Business 12 Average Ticket Gross Annual Sales 1,300,000.00 Do you currently have cash advance? Yes With who? Swift Financial Balance 3600 Current Credit Card Processor Average Processing Volume Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Daniel Margiotta Title President Date of Birth 11/27/1963 SSN 311-82-1372 Full Home Address 1036 Seneca, Crown Point IN Email expertfab@aol.com Own/Rent \$ 0 Own Years There 6 Drivers Lience # 8972-11-9256 State IN Owner #2 Name Title SSN SSN SSN SSN SSN In Date of Birth \$ 0 Own Years There 6 Drivers Lience # 8972-11-9256 State IN Own/Rent \$ 10 Phone Email Email Email Email Email Email Email			-			Best Phone (2	19) 629-1800	- Fax		_
Do you currently have cash advance? Yes With who? Swift Financial Balance 3600	Business Email		Expertfab	@aol.com		Website				_
Average Processing Volume	Years In Business		12	Average 1	Ticket _		Gross Annu	al Sales	1,300,000.00	_
Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Daniel Margiotta Title President Date of Birth 11/27/1963 SSN 311-82-1372 Full Home Address 1036 Seneca, Crown Point IN Point Interest Interes	Do you currently ha	ave cash	advance?	Yes	With who?	Swift Financial		Bala	nce <u>3600</u>	_
Owner #1 Name Daniel Margiotta Title President Date of Birth 11/27/1963 SSN 311-82-1372 Full Home Address 1036 Seneca, Crown Point IN Home Phone (219) 629-1800 Cell Phone (219) 629-1800 Email expertfab@aol.com Own/Rent \$ 0 Own Years There 6 Drivers Lience # 8972-11-9256 State IN Owner #2 Name Title SSN Full Home Address Home Phone Cell Phone Email Own/Rent \$ Years There Drivers Lience # State Business Home Based? No Location: Lease/Own Lease Term Monthly Rent Landlord / Mortgage Co. Joseph Knapp Contact Contact Phone Cell (219) 331-9256 Email Bank Name/Branch Centier Bank Contact David Gidimon SP? Phone (219) 663-0330 Trade Reference#1 Superior Petroleum Contact Mark Schweitzer Phone (708) 425-5155	Current Credit Card	l Processo	or			Avera	ge Processing \	olume/		_
Owner #1 Name Daniel Margiotta Title President Date of Birth 11/27/1963 SSN 311-82-1372 Full Home Address 1036 Seneca, Crown Point IN Home Phone (219) 629-1800 Cell Phone (219) 629-1800 Email expertfab@aol.com Own/Rent \$ 0 Own Years There 6 Drivers Lience # 8972-11-9256 State IN Own/Rent \$ 10 Own Years There Years There Email Email Own/Rent \$ 10 Own/Rent \$ 10 Own/Rent Years There Drivers Lience # State Monthly Rent Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Joseph Knapp Contact Contact Email Bank Name/Branch Centier Bank Contact David Gidimon SP? Phone (219) 663-0330 Trade Reference#1 Superior Petroleum Contact Mark Schweitzer Phone (219) 663-0330	Last Month Vol.		#	of Tickets		2nd Month Vo	ol	#of T	ickets	_
Date of Birth 11/27/1963 SSN 311-82-1372 Full Home Address 1036 Seneca, Crown Point IN	3rd Month Vol.			of Tickets		4th Month Vo	ol	#of T	ickets	-
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Trade Reference#3 Kropp Contact Skip Phone (866) 402-2222	Trade Reference#2	Praxair		Contac	t Joe Mut	ing	Phone	(708) 42	5-5155	_
	Trade Reference#3	Kropp		Contac	t Skip		Phone	(866) 40	2-2222	_

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 authorized 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.

works Direct and to each of the Recipients, on its own behalf.				
Signature#1	Printed Name	Daniel Margiotta	Date	04/19/2017