

DBA Name		Plans4Less		Le	egal Name	Burke Reprogra	phics	
Type of Business		Reprographics		T	ax ID	47-5172728		LLC
Full Business Addre	ess	40 Union City Ro	ad					
Full Billing Address								
Phone at Location	t Location (203) 592-5714			Be) 592-5714	Fax	
Business Email		brianburke4549	@gmail.com	1	Website	plans4less.com		
Years In Business		4	Average T	icket		Gross Annual Sa	les <u>360,000.00</u>	
Do you currently h	ave cash a	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volum	e	
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	BURKE RE	EPROGRAPHICS LLC		Title	Owner			
Date of Birth	11241970			SSN		.83		
Full Home Address	504 Skok	orat Road		_				
Home Phone	(203) 592	!-5714 Cell	Phone	(203) 592-5	5714 Email	brian@bu	rkereprographics.com	
Own/Rent	\$ 0 Own	Yea	rs There 2	D	rivers Lience # 2	 36099171	State CT	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There _	D	rivers Lience # _		State	
Business Home Bas	sed?	No Locatio	n: Lease/Ow	n Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgag	e Co				Conta	ect		
Contact Phone	_		_ c	ell _		Email		
Bank Name/Branch	People l	United Bank	Contac	t Christin	e Alman	Phone (2	203) 888-7052	
Trade Reference#1			— Contac	 t		Phone		
Trade Reference#2			— Contac	 t		Phone		
Trade Reference#3			— Contac	t		Phone		
I hereby represent that all	the above int	formation is true and u	inderstand that	making false sta	tements might he con	sidered fraud. By provid	ling 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 N	lame BURKE LLC	Date	05/23/2019
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