MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Quality o	cutting IIc	Le	egal Name	Quality cutting lld		
Type of Business			re landscaping		ax ID	471396533		LLC
Full Business Addre	SS	54 red ba						
Full Billing Address								
_		(856) 56	(856) 562-3028		Best Phone	Fax		
Business Email Qua		Qualityc	alitycuttingnj@gmail.com		Website			
Years In Business		7 Average Tic		Ticket		Gross Annual Sales 150,000.00		
Do you currently ha	ave cash	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			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	Luke Dan	nico		Title				
Date of Birth	1018198	9		SSN	141-88-28	00		
Full Home Address	54 red ba	nk drive						
Home Phone	(856) 562	2-3028	Cell Phone		Email	qualitycutti	ngnj@gmail.com	
Own/Rent	\$ <u>0 Owr</u>	1	Years There	D	rivers Lience #	State		_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #	S	tate	_
Business Home Bas	ed?	No	Location: Lease/C	Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co.				Conta	ct		
Contact Phone	_			Cell		 Email		
Bank Name/Branch			Conta	act		Phone		
Trade Reference#1			Conta	act		Phone		
Trade Reference#2			Conta	act		Phone		
Trade Reference#3			Conta	act		Phone		
			<u> </u>			<u> </u>		

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 Translution, 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	Luke Damico	Date	01/14/2020