

DBA Name	N/A		Le	gal Name	Wilfred's Superior Ta	ailor	
Type of Business Tailoring		Tax ID		833605988		Corp	
Full Business Addre	ess 39 Wes	t 32nd Street Suite 302	2 New York,	NY 10001			
Full Billing Address							
Phone at Location	(212)	242-3030	E	Best Phone (201)	892-4150 Fax	×	
Business Email	Wilfredstailor@aol.com			Website	Wilfredstailor.com		
Years In Business	24	Average Ti	cket		Gross Annual Sales	350,000.00	
Do you currently ha	ave cash advance	? No	With who? _		B	Salance	
Current Credit Card Processor				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	Robert Rosario		Title	President			
Date of Birth	03/16/1966		– SSN	125-56-620)3		
Full Home Address	68 Harding Ave Pa	urlin,NJ 08859	_				
Home Phone	(201) 892-4150	Cell Phone	(201) 892-4	150 Email	nineout@verizo	on.net	
Own/Rent	\$ 0 Own	Years There 3	D	rivers Lience # <u>N/</u>	'A State	e <u>N</u> /A	
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone		Cell Phone		Email			
Own/Rent	\$ Own	Years There	D	rivers Lience #	State		_
Business Home Bas	sed? No	Location: Lease/Owr	Leased	Lease Tern	nMo	onthly Rent	
Landlord / Mortgage	e Co			Conta	ct		
Contact Phone		Ce	<u> </u>		Email		
Bank Name/Branch		Contact			Phone		
Trade Reference#1		Contact			Phone		
Trade Reference#2		Contact			Phone		
Trade Reference#3		Contact			Phone		
I hereby represent that all	the above information	is true and understand that n	naking false sta	tements might be cons	idered fraud. By providing th	ne 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	Robert Rosario	Date	01/06/2020
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