

DBA Name		9th Ave S	Street Foo	od	Le	egal Name	9th Ave Stre	et Food	
Type of Business		restaurant			Ta	ax ID	474418597		LLC
Full Business Addre	SS	294 Ponce	e de Leon	Ave atlanta	ga 30308				
Full Billing Address									
Phone at Location		(404) 907-4368			E	est Phone (678) 234-7194 Fax			
Business Email	ss Email <u>9t</u>		9thavefood@gmail.com			Website	www.9thavestreetfood@gmail.com		.com
Years In Business		1		Average Tick	et		Gross Annua	Sales <u>150,00</u>	0.00
Do you currently ha	ave cash	advance?		No Wi	ith who? _			Balance	
Current Credit Card Processor		or				Average	Processing Vo	lume	
Last Month Vol.			#of Ticke	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.		_ #of Tickets	
Owner #1 Name	Angelique	e Ribeiro			Title	Owner			
Date of Birth	091180				SSN	010-70-17	759		
Full Home Address	898 oak s	street sww							
Home Phone	(678) 234	4-7194	Cell Ph	ione		Email	9thav	efood@gmail.com	
Own/Rent	\$ 0 Ren	t	Years	There 4	D	rivers Lience # $0$	66187610	State ga	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	ione		Email			
Own/Rent	\$		Years	There	D	rivers Lience # _		State	
Business Home Bas	sed?	No L	_ocation:	Lease/Own	Leased	Lease Ter	m 2 years	Monthly Ren	t <u>1,000.00</u>
Landlord / Mortgage	e Co. <u>S</u>	oundOptio	ns			Conta	act	Paul	
Contact Phone	<u>((</u>	678) 895-1	.106	Cell	_		Emai	l	
Bank Name/Branch	Bank of	America		Contact			Phone	(404) 881-3568	
Trade Reference#1				Contact			Phone		
Trade Reference#2				Contact			— Phone		
Trade Reference#3				Contact			Phone		
I hereby represent that all	the above in	formation is t	rue and und	erstand that mak	ing false stat	tements might be con	sidered fraud. By p	roviding the above info	mation, 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 authorized 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	Angelique Ribeiro	Date	01/23/2017