

Type of Business Restaurant Tax ID 47-5251870 Corp Full Business Address Phone at Location (774) 207-0779 Best Phone (508) 246-6624 Fax  Placer In Business Email Sandpipers pub@gmail.com Website Sandpiperssportspub.com  Years In Business I Average Ticket Gross Annual Sales 300,000.00  Do you currently have cash advance? No With who? Balance  Current Credit Card Processor Average Processing Volume  Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets  3rd Month Vol. #of Tickets 2nd Month Vol. #of Tickets  Owner #1 Name Robin Wignot Title owner  Full Home Address Home Phone (508) 246-6624 Email sandpiperspub@gmail.com  Own/Rent \$ 0 0wn Years There 7 Drivers Lience # 288086683 State ma  Owner #2 Name Title  Owner #2 Name Cell Phone Email  Full Home Address Home Phone Cell Phone Cell Phone Email
Full Business Address Full Billing Address Phone at Location Phone at Location  (774) 207-0779  Best Phone (508) 246-6624  Fax  Business Email Business Email  Sandpiperspub@gmail.com Website Sandpiperssportspub.com  Website Sandpiperssportspub.com  Gross Annual Sales 300,000.00  Do you currently have cash advance? No With who? Balance  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 Date of Birth 10/15/1964 SSN 122-50-0594  Full Home Address  Home Phone Soll 246-6624 Cell Phone Soll 246-6624 Email Sandpiperspub@gmail.com  Own/Rent  Full Home Address  Title Date of Birth SSN  Title  Title Date of Birth SSN
Phone at Location (774) 207-0779 Best Phone (508) 246-6624 Fax  Business Email sandpiperspub@gmail.com Website sandpiperssportspub.com  Years In Business 1 Average Ticket Gross Annual Sales 300,000.00  Do you currently have cash advance? No With who? Balance  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 Robin Wignot Title owner  Date of Birth 10/15/1964 SSN 122-50-0594  Full Home Address 45 dale Ave box 1119 south wellfleet ma 02663  Home Phone (508) 246-6624 Cell Phone (508) 246-6624 Email sandpiperspub@gmail.com  Own/Rent \$ 0 Own Years There 7 Drivers Lience # 288086683 State ma  Owner #2 Name Title  Date of Birth SSN
Phone at Location         (774) 207-0779         Best Phone (508) 246-6624 Fax           Business Email         sandpiperspub@gmail.com         Website sandpiperssportspub.com           Years In Business         1 Average Ticket         Gross Annual Sales 300,000.00           Do you currently have cash advance?         No With who?         Balance           Current Credit Card Processor         Average Processing Volume           Last Month Vol.         # of Tickets           3rd Month Vol.         # of Tickets           3rd Month Vol.         # of Tickets           Owner #1 Name         Robin Wignot         Title         owner           Date of Birth         10/15/1964         SSN         122-50-0594           Home Address         45 dale Ave box 1119 south wellifleet ma 02663         Email sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Owner #2 Name         Title
Business Email       sandpiperspub@gmail.com       Website       sandpipersputspub.com         Years In Business       1       Average Ticket       Gross Annual Sales       300,000.00         Do you currently have cash advance?       No       With who?       Balance         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       Robin Wignot       Title       owner         Date of Birth       10/15/1964       SSN       122-50-0594         Home Phone       (508) 246-6624       Cell Phone       (508) 246-6624       Email       sandpiperspotb@gmail.com         Own/Rent       \$ 0 Own       Years There       7       Drivers Lience #       288086683       State       ma         Owner #2 Name       Title       SSN       Title       SSN       Title       SSN         Full Home Address       Title       SSN       Title       SSN       Title       Title       Title       Title       Title       Title       Title       Title       Title<
Years In Business         1         Average Ticket         Gross Annual Sales         300,000.00           Do you currently have cash advance?         No         With who?         Balance           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         Robin Wignot         SSN         122-50-0594           Full Home Address         45 dale Ave box 1119 south wellfleet ma 02663         SSN         122-50-0594           Home Phone         (508) 246-6624         Cell Phone         (508) 246-6624         Email sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Owner #2 Name         Title         SSN         Title         Title           Date of Birth         SSN         SSN         Title           Date of Birth         SSN         SSN         SSN
Do you currently have cash advance?  No With who?  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 Robin Wignot Title owner  Date of Birth 10/15/1964 SSN 122-50-0594  Full Home Address 45 dale Ave box 1119 south wellfleet ma 02663  Home Phone (508) 246-6624 Cell Phone (508) 246-6624 Email sandpiperspub@gmail.com  Own/Rent \$ 0 Own Years There 7 Drivers Lience # 288086683 State ma  Owner #2 Name Title  Date of Birth SSN  Full Home Address
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         Robin Wignot         Title         owner           Date of Birth         10/15/1964         SSN         122-50-0594           Full Home Address         45 dale Ave box 1119 south wellfleet mo 22663         Email         sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State         ma           Owner #2 Name         Title         SSN         SSN         SSN         SSN         SSN
Cowner #1 Name         Robin Wignot         Title         owner           Date of Birth         10/15/1964         SSN         122-50-0594           Home Phone         (508) 246-6624         Cell Phone         (508) 246-6624         Email         sandpiperspub@gmail.com           Owner #2 Name         Title         Title         Title         Title           Date of Birth         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State         ma           Owner #2 Name         Title         SSN         Title         Title
Owner #1 Name         Robin Wignot         Title         owner           Date of Birth         10/15/1964         SSN         122-50-0594           Full Home Address         45 dale Ave box 1119 south wellfleet ma 02663         Email sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Owner #2 Name         Title         SSN         Title           Date of Birth         SSN         SSN
Owner #1 Name         Robin Wignot         Title         owner           Date of Birth         10/15/1964         SSN         122-50-594           Full Home Address         45 dale Ave box 1119 south wellfleet ma 02663         Email         sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience #         288086683         State         ma           Owner #2 Name         Title         SSN         Title           Date of Birth         SSN         SSN
Date of Birth         10/15/1964         SSN         122-50-594           Full Home Address         45 dale Ave box 1119 south wellfleet ma 02663           Home Phone         (508) 246-6624         Cell Phone         (508) 246-6624         Email sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Date of Birth         SSN         Title           Full Home Address         SSN
Date of Birth         10/15/1964         SSN         122-50-594           Full Home Address         45 dale Ave box 1119 south wellfleet ma 02663           Home Phone         (508) 246-6624         Cell Phone         (508) 246-6624         Email sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Date of Birth         SSN         Title           Full Home Address         SSN
Full Home Address
Home Phone         (508) 246-6624         Cell Phone         (508) 246-6624         Email         sandpiperspub@gmail.com           Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Owner #2 Name         Title           Date of Birth         SSN           Full Home Address
Own/Rent         \$ 0 Own         Years There         7         Drivers Lience # 288086683         State ma           Owner #2 Name         Title           Date of Birth         SSN           Full Home Address
Owner #2 Name Date of Birth Full Home Address Title SSN
Date of Birth SSN Full Home Address
Full Home Address
Home Phone Cell Phone Email
Own/Rent         \$
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent
Landlord / Mortgage Co. JMD Realty Trust Contact Donna Demetri
Contact Phone         (508) 255-5622         Cell         (508) 685-5802         Email
Bank Name/Branch citizens bank Contact Brian Phone (508) 240-1391
Trade Reference#1 coastal Foods Contact Peter Gomes Phone (508) 400-1100
Trade Reference#2 Contact Phone

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 TransDinion, 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	Robin Wignot	Date	10/25/2016