MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Subab	a & Amste	rdam Grocery	16	egal Name	Subaba LLC		
Type of Business		-	urant and (<u> </u>		ax ID	4-65559798		LLC
Full Business Addre	.55			Avenue, New `					220
Full Billing Address	.55								
Phone at Location		(347)	691-6441			Best Phone		Fax	_
Business Email						www.subaba.nyc			
Years In Business		3		Average Tick	et		Gross Annual		0.00
Do you currently h	ave cas	h advance	2?	No Wi	ith who? _			Balance	
Current Credit Card	d Proces	sor				Average	Processing Vol	ume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	David E	lam			Title	Owner			
Date of Birth	07/04/1	1989			SSN	072-98-19	16		
Full Home Address	511 W	186th St., <i>A</i>	Apt E7, New	York, NY 10033					
Home Phone	(347) 6	91-6441	Cell P	hone		Email	Subab	aNYC@gmail.com	
Own/Rent	\$ <u>0 Re</u>	ent	Years	There	D	rivers Lience #		State	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell P	hone		Email			
Own/Rent	\$		Years	There	D	rivers Lience #		State	
Business Home Bas	sed?	No	Location	: Lease/Own	Leased	Lease Terr	n <u>17 Years</u>	Monthly Ren	t <u>3,700.00</u>
Landlord / Mortgage	e Co.	Arbeni Ma	anagemen	t		Conta	ct	Tom Gecaj , Avn	i Gecaj or Beatriz
Contact Phone		(347) 226	6-4218	_ Cell	_		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 un	- derstand that mak	ing false sta	tements might be con-	— sidered fraud. By pr	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 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	David Elam	Date	04/18/2017