Money Wor	rks 🔪 Direc	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian

DBA Name		Tomas Villegas		L6	Legal Name			El Paso Floral Distributors					
Type of Business		Wholesa	ale flowers	& supplies	T	ax ID		74-295	59162				Sole Prop
Full Business Addre	SS	1930 E. \	/andell										
Full Billing Address													
Phone at Location		(915) 533-5554			Best Phone (915)			740-3567 Fax					
Business Email		elpasofl	elpasofloraldist@att.net			Website		elpasofloraldistributors.net					
Years In Business		16.5		Average Tic	ket			Gross A	Annual S	Sales	175,0	00.00	
Do you currently ha	ave cas	h advance?	,	Yes V	Vith who?	CAN Ca	apital			Ba	lance 2	23000.00)
Current Credit Card	d Proces	ssor				_	Average	Processi	ng Volu	me			
Last Month Vol.			#of Ticke	ets		2nd N	onth Vol.			#of	Ticket	s	
3rd Month Vol.			#of Ticke	ets		4th M	onth Vol.			#of	Ticket	s _	
Owner #1 Name	Tomas	Villegas			Title		Owner						
Date of Birth	01-08-				SSN		623-24-79	973					
Full Home Address	7257 lu	uz de color											
Home Phone	(915) 5	33-5554	Cell Ph	ione	(915) 740-3	3567	Email		elpasofl	oraldist@	att.net		
Own/Rent	\$ <u>0 O</u>	wn	 Years	There <u>15</u>	D	rivers l	_ _ience # <u>_1</u>	1391997		State	t	exas	
Owner #2 Name					Title	!							
Date of Birth					SSN								
Full Home Address													
Home Phone			Cell Ph	ione .			Email –						
Own/Rent	\$		Years	There	D	rivers L	ience #			State	-		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased		Lease Ter	m		Mon	thly Re	ent _	
Landlord / Mortgage	e Co.	Ayoub Inve	sments				Conta	act	<u> </u>	loseph <i>A</i>	Ayoub		
Contact Phone		(915) 533-	5502	Cell	I _			_	Email	_			
Bank Name/Branch	comp	ass bank		Contact	Martha	Salas		Pho	one	(915) 4	85-925	3	
Trade Reference#1				Contact				— Pho	one -				
Trade Reference#2				Contact				— Pho	one -				
Trade Reference#3				Contact				— Pho	one -				
					11 61 1								

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	Tomas Villegas	Date	07/28/2016