

DBA Name		Carlinville Plaza Cafe		Legal Name		Nicole Gaine	es	
Type of Business		restaurant		Tax ID		47-1659102		Sole Prop
Full Business Addre	:SS	170 Carlinvi	lle Plz					
Full Billing Address								
Phone at Location		(217) 854-6208		Best Phone (217		710-3999	Fax	
Business Email					Website			
Years In Business		4	Average Tic	ket		Gross Annual	Sales <u>600,00</u>	0.00
Do you currently h	ave cash a	advance?	Yes V	Vith who? Yello	owstone, Mantis	S	Balance <u>13</u>	,000, 5,000
Current Credit Card Processor Average Processing Volume								
Last Month Vol. #of Tic			of Tickets	2n	d Month Vol.	#of Tickets		
3rd Month Vol.		#0	of Tickets	4t	h Month Vol.		#of Tickets	
Owner #1 Name	Nicole Ga	ines		Title	owner			
Date of Birth	12-28-198	38		SSN	336-82-361	6		
Full Home Address	8615 Sne	II Rd						
Home Phone	(217) 710	-3999	Cell Phone		Email	nicole	gaines1988@yahoo.	com
Own/Rent	\$ 0 Own		Years There 4	Drive	rs Lience # G5	20-6368-8969	State <u>IL</u>	
Owner #2 Name				Title				
Date of Birth				SSN				_
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Drive	rs Lience #		State	
Business Home Bas	sed?	No Loc	cation: Lease/Own	Leased	Lease Term		Monthly Rer	nt
Landlord / Mortgage	e Co. <u>C</u>	entral Realty	1		Contac	t	Albert Casey	
Contact Phone	<u>(3</u>	314) 973-805	66 Cel	l		_ Emai	1	
Bank Name/Branch	CNB Bai	nk and Trust	Contact	Jennifer		Phone	(217) 854-3512	
rade Reference#1 MJ Kellner Contact			lan		Phone	(217) 942-8163		
Trade Reference#2	Pepsi		 Contact			- Phone	(800) 963-2424	
Trade Reference#3			Contact			- Phone		
I hereby represent that all	the above in	formation is true	and understand that m	aking false statem	ents might be consid	dered fraud. By p	roviding the above info	rmation, 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	Nicole Gaines	Date	01/17/2017
-------------	--------------	---------------	------	------------