

DBA Name		C&H De	hydrators	Inc	Le	egal Name	C&H De	hydrators Ir	nc	
Type of Business		Manufacturer/Sales			T	Tax ID		26-1735831		Corp
Full Business Addre	SS	271 Wald	len CT, Ea	st Moriches	NY 11940					
Full Billing Address										
Phone at Location	(631) 801-2488					Best Phone (6	31) 801-248	<u> </u>	ax	
Business Email	caroline23@thedehyo			ehydrator.co	om	Website	www.th	www.thedehydrator.com		
Years In Business		11		Average Tic	ket		Gross Ar	nual Sales	122,415.0	00
Do you currently ha	ave cash	advance?		No \	With who? _				Balance	
Current Credit Card Processor					Average Processing Volume					
Last Month Vol.			#of Ticke	ets		2nd Month Vo	ol	#	of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vo	ıl	#	of Tickets	
Owner #1 Name	Carolina	H Sobota			Title	Preside	nt			
Date of Birth	7-1-1963				. SSN					
Full Home Address	271 Wald						-2270			
Home Phone	(631) 80		Cell Ph	none	(631) 801-2			aroline23@th	nedehydrator.co	
Own/Rent	\$ 0 Ren		Years				275 620 885		<u> </u>	
Ownyreare	y o nen		-	<u> </u>		invers Elenee "	273 020 003		<u> </u>	<u> </u>
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address					•					
Home Phone			Cell Ph	none		Email	_			
Own/Rent	\$		Years	There	D	rivers Lience #		Stat		
Business Home Bas	ed?	Yes	Location:	Lease/Own	Leased	Lease To	erm 1.7!	years M	lonthly Rent	1,525.00
Landlord / Mortgage	-					 Cor	ntact		•	
Contact Phone	_			Cel				Email		
Bank Name/Branch	People'	s United E	Bank	Contact			Phor	ne (631)) 878-8800	
Trade Reference#1	Yard M	etals		Contact	Amy Bu	onconsiglio	—— Phor	ne (631)) 232-1600	
Trade Reference#2	Zoro.co	om		Contact	-		 Phor	ne (855)) 289-9676	
Trade Reference#3	McMast	ter-Carr		Contact			Phor	ne (609)) 689-3000	
I berehu represent that all		-f		l	-1			Du providir - 4		

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	Caroline Sobota	Date	10/03/2019