MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name	The Chubby Pickle				Legal Name			GRALA LLC				
Type of Business Restaurant and B			Bar		Tax I	Tax ID		453531874			LLC	
Full Business Addre	SS	23 Bay	Avenue H	ighlands, N	J 0	7732						
Full Billing Address												
Phone at Location	(732) 872-7000				Best Phone (201) 456-			6-9092	Fax			
Business Email	thechubbypicklenj@gmail.co			on	m Website							
Years In Business		7		Average ⁻	Γick	ket		Gr	oss Annual S	Sales	720,000.00	
Do you currently have cash advance? Yes			W	ith who? Princ	cipis, Forwa	ard Fin	ance	Bala	nce <u>\$52000,</u>	\$1800		
Current Credit Card Processor Average Processing Volume						me						
Last Month Vol.			#of Tic	kets		2n	d Month Vo	ol		#of T	ickets	
3rd Month Vol.			#of Tic	kets		4t	h Month Vo	ol		#of T	ickets	
Owner #1 Name	Craig Ar	ndrews				Title	Owner					
Date of Birth	24-11-19				_	SSN	142-23	-5080				
Full Home Address	19 Tall (Daks Drive	Hazlet, NJ	07730	_							
Home Phone	(201) 45	6-9092	Cell	Phone			Email		thechub	bypicklenj	@gmail.com	
Own/Rent	\$ <u>0 Ow</u>	'n	Yea	rs There	1	Drive	rs Lience #	A588	61418211764	State	NJ	
Owner #2 Name	Adam Sl	avin				Title	Owner					
Date of Birth		uviii			_	SSN	267-45	-0699				
Full Home Address	4a South	nview Roa	d		_	3314						
Home Phone			Cell	Phone		(917) 687-5301	Email		apslavir	n@yahoo.c	om	
Own/Rent	\$ Own		Yea	rs There	4	Drive	rs Lience #	S5140	00087703732	State	NJ	
Business Home Bas	ed?	No	Locatio	n: Lease/Ov	vn	Leased	Lease T	erm		Mont	hly Rent	
Landlord / Mortgage	e Co.	BHSAD L	LC				Coi	ntact		Adam Sla	vin or Craig A	ındrews
Contact Phone	_	(917) 68 ⁻	7-5301	_ (Cell	(917)	687-5301		Email	ар	slavin@yahoo	o.com
Bank Name/Branch	TD BAI	NK		Contac	t				Phone			
Trade Reference#1				— Contac	t				Phone			
Trade Reference#2				— Contac	t				Phone			
Trade Reference#3				— Contac	t				Phone			
I hereby represent that all authorize you to whom thi will provide financial state	s application ments, tax	on is made returns, et	or your agen c. as you de	ts to investiga em necessary	te m . A p	ny/our financial re photocopy of this	sponsibility an authorization	nd credit will be o	worthiness, spe deemed as acce	cifically prir ptable for re	ncipal and corpora elease of credit in	ate entities, an formation. I/W

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	Craig Andrews	Date	07/11/2019
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