MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
woney works >	Sales Rep: Patrick

DBA Name		Pizzeria Roma	na	Leg	al Name	Roman Style pizz	za LLC	
Type of Business		Pizza restaura	nt	Tax	(ID	821761917		LLC
Full Business Addre	SS	245 East 14th s	street					
Full Billing Address								
Phone at Location (646) 891-0174		4	Be			Fax		
Business Email		neapolitanstyl	epizza@gmail.c	om	Website			
Years In Business	<u>.</u>	2.5	Average Ticl	ket		Gross Annual Sale	es <u>750,000.00</u>	
Do you currently ha	ave cash a	dvance?	Yes W	lith who? Biz	z Fund		Balance 12000.	00
Current Credit Card	d Processo	r			Average	Processing Volume		
Last Month Vol.		#of T	ickets	2	2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Giuseppe	Manco		Title	Owner			
Date of Birth	10/27/198	6		SSN	770-92-04	10		
Full Home Address	2340 7th A	Avenue						
Home Phone	(239) 919-	-0306 Ce	ll Phone		Email	neapolitans	stylepizza@gmail.cor	n
Own/Rent	\$ 0 Rent	Ye	ears There 5	Driv	vers Lience # 9	99959252 S	State NY	
Owner #2 Name				Title				
Date of Birth Full Home Address				SSN				
Home Phone			II Phone		Email			
Own/Rent	\$		ears There	Driv	vers Lience #		State	
OWN/Rent	Ψ				vers Lience # _			
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Terr	n	_Monthly Rent	
Landlord / Mortgage	e Co. <u>2</u> r	nd avenue Real	ty		Conta	oct <u>Sib</u>	el Alev	
Contact Phone	_		Cell	(91	7) 645-3984	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 info	ormation is true and	understand that ma	king false state	ments might be con	sidered fraud. By providi	ng the above informatio	n. 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	Giuseppe Manco	Date	12/02/2019