Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646.417.	.5809
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DBA Name		GRV FLOWERS	INC	Le	gal Name	GRV FLOWER	RS INC	
Type of Business		Wholesale import flowers		Tax ID		471554645		Corp
Full Business Addre	:SS	656 brannan st						·
Full Billing Address								
Phone at Location (510) 485-1905				В	est Phone (510)	) 485-1905	Fax	
Business Email Grvflowers@gmail.		nail.com	<del></del>					
Years In Business		11 Average Tic		 et	Gross Annual Sales		Sales <u>1,500,00</u>	0.00
Do you currently h	ave cash a	advance?	No Wi	th who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Vol	ume	
Last Month Vol.		#of Tio	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tio	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Camilo Ve			Title	Owner			
Date of Birth	05241978			SSN	616-59-18	77		
Full Home Address		side dr. Apt 1411. C						
Home Phone	(510) 485	5-1905 Cell	Phone		Email	grvflov	wers@gmail.com	
Own/Rent	\$ <u>0 Ren</u>	\$ <u>0 Rent</u> Years There		Dr	ivers Lience # D	D8393231 State California		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There	Dr	ivers Lience #		State	
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Terr	n <u>5 years</u>	Monthly Rent	2,500.00
Landlord / Mortgag	e Co. <u>S</u>	an francisco flow	er market LLC		Conta	ect		
Contact Phone	_		Cell			Email		_
Bank Name/Branch	Chase		Contact			Phone	(415) 699-1700	
Trade Reference#1			 Contact			 Phone		
Trade Reference#2			— Contact			 Phone		
Trade Reference#3			 Contact			Phone		
1	4b b !	formation is true and	understand that make	ing falso state	omants might be sen	sidorod fraud. By pr	roviding the above inform	ation 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	Camilo Vergara	Date	08/09/2017