	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Gales Rep: John
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DBA Name		Three Si	sters Food	Store		Legal I	Name	Thress	sisters fo	ood stor	e		
Type of Business Convenience		ence Store	nce Store		Tax ID		472950733					Corp	
Full Business Addre	SS	410 N fee	deral ste D	Hallanda	le 33009								
Full Billing Address													
Phone at Location		(954) 39	99-9772			Best	Phone <u>(954)</u>	399-977	72	Fax	_		
Business Email		Wwwww	ww86@ho	otmail.cor	n	١.	Website						
Years In Business		2 ye		Average T	icket _			Gross A	nnual Sa	les	350,00	00.00	
Do you currently ha	ave cash	advance?		No	With who?					Bala	nce		
Current Credit Card	l Process	or				_	Average F	Processir	ng Volum	ne			
Last Month Vol.			#of Ticke	ts		2nd	l Month Vol.			#of	Γickets		
3rd Month Vol.			#of Ticke	ts		4th	Month Vol.			#of 7	Γickets		
	- AII				- ''								
Owner #1 Name	Eman All				— Tit		Owner	12					
Date of Birth	07/18/19	3 st Halland	olo EL 2200	0	_ SS	IN	370-81-534	+2					
Full Home Address					(706) 262	0050	- "			06.01-			
Home Phone	(954) 39		Cell Ph		(786) 262		Email	-	wwwww				
Own/Rent	\$ <u>0 Rer</u>	<u>it</u>	Years -	There 2	2	Drivers	s Lience #			State	<u>FL</u>	-	_
Owner #2 Name					Tit	le							
Date of Birth													
Full Home Address													
Home Phone			Cell Ph	one			Email						
Own/Rent	\$		Years -	There _		Drivers	 s Lience #			State	_		_
Business Home Bas	od?	No	Location:	Lease/Ow	n Lease	ď	Lease Term	1		Mont	hly Rer	nt	
		-	Location.	LCa3C/OW	II Lease	<u>u</u>	_				illy itel		
Landlord / Mortgage	e Co. C	CR land					Contac	ct	_				
Contact Phone	_			С	ell <u></u>			_	Email	_			
Bank Name/Branch	Wells F	argo		Contac	t _			Pho	ne				
Trade Reference#1				Contac	 t			– Pho	ne				
Trade Reference#2				Contac	t			– Pho	ne				
Trade Reference#3				Contac	t			– Pho	ne _				
I hereby represent that all	the above i	nformation is	true and unde	erstand that	making falso s	tatomon	nts might he consi	idered frau	d By provi	ding the a	hove info	ormation th	ne annlicant(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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Eman Alhajqasm	Date	04/03/2017