MoneyWorks > Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		jps deli		Leg	gal Name	jmtk inc		
Type of Business		food		Ta>	( ID	455443196		Corp
Full Business Addre	SS	boston post road	d suite 1					
Full Billing Address								
Phone at Location	(914) 330-3211		<u> </u>	Best Phone (914		) 330-3211	Fax	
Business Email		Johnnymtk@gmail.com		Website				
Years In Business		5	Average Ti	icket		Gross Annual Sales 250,000.00		
Do you currently ha	ave cash a	advance?	Yes	With who? on	deck		Balance	21,000
Current Credit Card	d Processo	or			Average	Processing Vo	lume	
Last Month Vol.		#of Tio	ckets		2nd Month Vol.		#of Ticke	ets
3rd Month Vol.		#of Tio	ckets		4th Month Vol.		#of Ticke	ets
Owner #1 Name	John Petri			Title —	owner			
Date of Birth	08091973		_	SSN —	062-66-55	028		
Full Home Address		ton post road suite						
Home Phone	(914) 330	0-3211 Cell	Phone	(914) 330-32	11 Email	Johnn	ymtk@gmail.com	
Own/Rent	\$ <u>0 Own</u>	Yea	ars There $\frac{9}{}$	143303211 Dri	vers Lience #		State	New York
Owner #2 Name				_ Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	ars There _	Dri	vers Lience # _		State	
Business Home Base	ed?	No Location	: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage	Co.	2325 realty			Cont	tact	tom	
Contact Phone	<u>(91</u>	14) 834-5239	_ Cell	(914)	534-5239	Email	autobodyla	rchmont@gmail.com
Bank Name/Branch	chase		Contact			Phone		
Trade Reference#1			- Contact			Phone —		
Trade Reference#2			- Contact		_	Phone —		
Trade Reference#3			- Contact			Phone		
I hereby represent that all	the above in	formation is true and	understand that r	making false state	ments might be con	sidered fraud. By p	roviding the above	information, 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	john petruska	Date	04/03/2017
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