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

DBA Name NY VET SUPPLY		Legal Name		NY ANIMAL S	NY ANIMAL SERVICES			
Type of Business		Corp		Ta	x ID	81-1650802	5	Corp
Full Business Addre	SS	25-33 36 Ave						
Full Billing Address								
Phone at Location	t Location (646) 737-8652			Best Phone (646) 737-8652 Fax			Fax	
Business Email	siness Email 36aveanimalclinic@gmail.com		Website		36animalclinic.com			
Years In Business		1	Average Tick	et		Gross Annua	l Sales <u>200,000</u>	.00
Do you currently ha	ave cash a	advance?	No W	ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Vo	lume	
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Anthony I	De Sola		Title	Owner			
Date of Birth	04/20/194	47 		SSN	080-36-40	78		
Full Home Address	3535 10T	H ST, BOTTOM BEI	.L					
Home Phone	(646) 737	'-8652 Cel	l Phone —		Email	36ave	eanimalclinic@gmail.c	om
Own/Rent	\$ <u>0 Own</u>	Yea	ars There 1	Dı	rivers Lience # 0°	70456555	State New	/ York
O #2 Name				T W.				
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address		Col	I Dhana					
Home Phone			l Phone		Email			
Own/Rent	\$	Ye	ars There	Di	rivers Lience #		State	
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Terr	m <u>5</u>	Monthly Rent	2,800.00
Landlord / Mortgage	e Co. S	anjay Ghosh			Conta	ict	7188074738	
Contact Phone	_		Cell			Ema	il	
Bank Name/Branch	Chase		Contact	anyone		Phone		
Trade Reference#1	Mt Sinai	i Animal Service	Contact	Steven		 Phone	(718) 878-3555	
Trade Reference#2	NY VET	SUPPLY	Contact	Justin		Phone	(646) 493-5355	
Trade Reference#3	Triple J) Pet	Contact	Mike		 Phone	(718) 600-2413	
I hereby represent that all	the above in	formation is true and	understand that mal	king false stat	ements might be con-	sidered fraud. By r	providing the above inform	nation, 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	Anthony De Sola	Date	02/21/2017
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