

DBA Name		needlewro	ker's delight		_Legal N	lame	needleworker's	delight		
Type of Business		wholesale and retail			Tax ID		80-0200386		_	LLC
Full Business Addre	:SS	181 us high	nway 1 south							
Full Billing Address										
Phone at Location		(732) 388		_ Best P	hone <u>(732)</u>	407-9421	Fax	(732) 562-886	6	
Business Email		kevin@needleworkersdelight		ht.com	com Website		needleworkersdelight.com			
Years In Business		28 Average		Ticket	icket		Gross Annual Sales 525,000.00			
Do you currently ha	ave cash a	advance?	Yes	With who	? world	wide financia	<u>l</u>	Balanc	e <u>\$2,450</u>	
Current Credit Card Processor Average Processing Volume										
Last Month Vol.	-	#	of Tickets		2nd	Month Vol.		#of Tic	kets	
3rd Month Vol.		#	of Tickets		_ 4th	Month Vol.		#of Tic	kets	
Owner #1 Name	kevin kor				itle	owner				
Date of Birth	11-09-1972				SSN	142-80-523	37			
Full Home Address	104 alber									
Home Phone	(732) 407	7-9421	Cell Phone –	(732) 40	7-9421	Email —	kevin@ne	eedleworker	sdelight.com	
Own/Rent	\$ <u>0 Own</u>	1	Years There	20	Drivers	Lience # k6	6234336511722	_State	nj	
Owner #2 Name					itle					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone			Email —				
Own/Rent	\$		Years There		Drivers	Lience #		_State		
Business Home Bas	sed?	No Lo	ocation: Lease/O	wn <u>Leas</u>	sed	Lease Tern	າ	Monthly	/ Rent	
Landlord / Mortgage	e Co. <u>a</u>	zarian grou	р		_	Conta	ct _			
Contact Phone	_			Cell	-		Email			
Bank Name/Branch	capital	one spark	Conta	ct			Phone			
Trade Reference#1	zweigar	t - germany	Conta	ct maria	an		Phone			
Trade Reference#2	hearts o	content	 Conta	ct maur	een		– — Phone			
Trade Reference#3			 Conta				– – Phone			
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)										

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.

Vorks Direct and to each of the Recipients, on its own behalf.		 		
Signature#1	Printed Name	kevin kornecki	Date	05/15/2018