

DBA Name		Miami Foods Distributors of USA I			A Inc Legal Name		MIAMI FOODS DISTRIBUTORS OF USA, INC			
Type of Business		Corporation		Tax ID		56-2428052		Corp		
Full Business Address 2761 West 77th Place, Hialeah, FL 33016										
Full Billing Address										
Phone at Location		(305) 512-32		Best Phone (786)) 319-3293	Fax	(305) 512-8436		
Business Email		Felix@miam		Website		www.miamifoodusa.com				
Years In Business	10		Average	icket _			Gross Annual Sales 1,200.0		200.00	
Do you currently h	Do you currently have cash ac		Yes With who		? Merchants Capital		Access Balanc		ce <u>50000</u>	
Current Credit Card Processo		r			_	Average	Processing Volume			
Last Month Vol.		#of	#of Tickets		2nd Month Vol.		#of Ti		kets	
3rd Month Vol.		#of	Tickets		4th M	onth Vol.		#of Tic	kets	
Owner #1 Name	JOSE FERN	ANDES		Titl	e	President				
Date of Birth	12-11-57			— SSI	SSN 770-96-05					
Full Home Address	11002 NW 47th Terrace									
Home Phone	(786) 319-3293 Cell Phone			(786) 319-	786) 319-3293 Email felix@miamifoodusa.com			.com		
Own/Rent	\$ 0 Own	rn Years There 5 Drivers Lience # F655426574510 State Florida				Florida				
Owner #2 Name	Maria Gomez			Titl	Title VICE PRESIDENT					
Date of Birth					SSN 770-96-0637					
Full Home Address	11002 NW 47th Terrace									
Home Phone	(954) 773-	4601 (Cell Phone	(954) 773-	-4601	Email -	admir ———	n@miamifoodus	sa.com	
Own/Rent	\$ Own	·	Years There	5	Drivers L	ience # G	5520559657980	State	G520559657980	
Business Home Bas	ed? N	No Locat	ion: Lease/Owr	Leased	Le	ase Term		Monthly R	ent	
Landlord / Mortgage	co. <u>ED</u>	DUARDO DEL	CASTILLO			Conta	act	EDUARDO D	DEL CASTILLO	
Contact Phone	<u>(30</u>	5) 342-0463	Ce	II <u>(3</u>	05) 342-	0463	Email	yoandis	sdelcastillo@gmail.com	
Bank Name/Branch	anch BANK OF AMERICA Contact			t				(305) 825-4515		
Trade Reference#1	Deligurt I	Enterprises Ll	_C Contac	t mANUE	mANUEL Goncalves		 Phone	(786) 469-1266		
Trade Reference#2	Flex Label Unlimited Inc Co			t Fernan	Fernando Flex		– Phone	(305) 233-7075		
Trade Reference#3	PCA Corre Displa	ugated and	Contac	t Rafael	Padron		Phone	(305) 685-8	956	

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	JOSE FERNANDES	Date	02/10/2017