

DBA Name		Its nati	onwide		1.0	egal Name	Its nationwide		
Type of Business		Its nationwide Iimousine				ax ID	272808273		Corn
Full Business Addre			st 7floor		1	ax ID	272000273		Corp
	SS	ou state	St /11001						
Full Billing Address		(701) 0	050 5220			Post Dhono		Fax	
Phone at Location		(781) 858-5220 o.desjardines@ltsnationwide.co				Best Phone	www.ltsnationwide.com		-
Business Email						Website	Gross Annual Sales 1,500,000.00		0.00
Years In Business		7 ye		Average Tick					-
Do you currently ha	ave cas	h advance?	?	No W	ith who? _			Balance	
Current Credit Card Processor				Average Processing Volume			e		
Last Month Vol.			#of Ticl	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticl	kets		4th Month Vol.		#of Tickets	
					<u> </u>				
Owner #1 Name	oscar d	lesjardines			Title	ceo			
Date of Birth	07/29/1971				SSN	010-72-72	00		
Full Home Address	3 hansen terr revere								
Home Phone	(781) 8	58-5220	Cell F	Phone _		Email	o.desjardii	nes@ltsnationwide	e.com
Own/Rent	\$ <u>0 O</u>	wn	Year	s There 10	D	rivers Lience # se	52316191	State <u>ma</u>	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell F	Phone _		Email			
Own/Rent	\$		Year	s There	D	rivers Lience #		State	
Business Home Bas	ed?	No	Location	n: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co.	bull group	<u> </u>			Conta	ct an	dy dulac	
Contact Phone		(646) 879	-3572	Cell			Email		
Bank Name/Branch				Contact			Phone		
Trade Reference#1				– Contact			Phone		
Trade Reference#2				– Contact			Phone		
Trade Reference#3				– Contact Contact			Phone		
I hereby represent that all	the above	information	s true and	_	king falso sto	tements might be seen		ing the above inform	ation 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	oscar desjardines	Date	12/05/2017