MoneyWorks > Direct ADMINISTRA	ATIVE FORM PLEASE FAX TO:1.646.417.5809
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DBA Name	Nani's		Legal Na	ame	J dog llc. Dba Nar	ni's	
Type of Business	Resturant		Tax ID	c	46-8016761931-6		LLC
Full Business Addre		· 1	TUXTD		10 0010701331	<u>, </u>	LLC
Full Billing Address	2035 WOLK OF OTHER	<u> </u>					
Phone at Location	(239) 334-2214		Rest Ph	none (321)	276-0217	Fax	
Business Email	Pgkline66@gmail.com		Website		270 0217		
Years In Business	1	Average Ticket			Gross Annual Sale	es 100,000.00	
rears in business <u>1</u> Av		Average ricket				100,000.00	_
Do you currently ha	ave cash advance?	Yes	With wh	0?	Square , Sreve Savegraves	Balance	2,800.00 , 4,500
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#of Tic	#of Tickets 2n		lonth Vol.	#of Tickets		
3rd Month Vol.	#of Tic	kets	4th M	onth Vol.		#of Tickets	
Owner #1 Name	Peter Kline		Title	Owner			
Date of Birth	05-17-1966		SSN	591-09-81	07		
Full Home Address	620se 13tn pl						
Home Phone	(321) 276-0217 Cell	Phone (32	21) 276-0217	Email	pgkline66@	gmail.com	
Own/Rent	\$ <u>0 Rent</u> Yea	rs There 5	Drivers L	ience # K	450-667-66-177-0 Si	tate <u>Fl</u>	
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone		Phone		Email -			
Own/Rent	\$ Yea	rs There	Drivers L	ience #	Si	tate	
Business Home Bas	ed? No Location	n: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co			Conta	ct		
Contact Phone		Cell			Email		
Bank Name/Branch		Contact			Phone		
Trade Reference#1		 Contact			Phone		
Trade Reference#2		– – Contact			Phone		
Trade Reference#3		_ Contact			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) 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	Peter Kline	Date	07/20/2016