

DBA Name		_	N 11 1				. 5'		
Full Business Address Full Billing Address Phone at Location Business Email Legacypizza@gmail.com Balance Average Processing Volume Average Processing Volume Average Processing Volume # of Tickets	DBA Name								
Full Billing Address	Type of Business Rest		Rest.				27-1077343		LLC
Phone at Location		ss <u>53</u>	30 N. Main street	, Cedartown,	GA 30125				
No	_	_							
Years In Business 10 Average Ticket Gross Annual Sales 3,000,000.00 Do you currently have cash advance? No With who? Balance Current Credit Card Processor Average Processing Volume Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Kurani Kamran Title owner Date of Birth 04-20-1975 SSN 605-20-0689 Full Home Address 1170 faith ct, Suwanee, GA 30024 Home Phone (404) 803-8506 Email k4048038506@gmail.com Own/Rent \$ 0 own Years There 4048038506 Drivers Lience # 049169677 State GA Owner #2 Name Title SSN SSN SSN GD State GA Owner #2 Name Cell Phone Email k4048038506@gmail.com GD		=		_			1) 803-8506	Fax	
Do you currently have cash advance? No With who? Balance	Business Email	<u>L</u>	_egacypizza@gm	ail.com		Website			
Current Credit Card Processor Average Processing Volume Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Date of Birth Da	Years In Business	10		Average Ticket			Gross Annual	Sales 3,000,00	00.00
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Trade Reference#2 MSparks Contact Kandi Lewis Phone (404) 587-5771	Bank Name/Branch	United Co	mmunity Bank	Contact	Eric		Phone	(770) 877-7988	
	Trade Reference#1	Mclane		Contact	Jim Vaug	hn	Phone	(404) 675-7138	
Trade Reference#3 Pepsi Contact Taison Andrews Phone (678) 972-4627	Trade Reference#2	MSparks		Contact	Kandi Le	wis	Phone	(404) 587-5771	
	Trade Reference#3	Pepsi		Contact	Taison A	ndrews	Phone	(678) 972-4627	

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	Kamran Kurani	Date	06/28/2017
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