MoneyWorks > [OITECT ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl
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Type of Business Full Billing Address Full Monit Address Full Home Address Full Ho	DBA Name	TP		[₋egal Name	Trade Perspectives	
Phone at Location C212 222-4862 Best Phone (212 222-4862 Fax	Type of Business	Servio	es		Tax ID	2000021662	LLC
Phone at Location	Full Business Addre	ss 200 we	st 113th st Ste 60	3 NY 10026			
Business Email Gillybns2@yahoo.com Website Gross Annual Sales 98,000.00	Full Billing Address						
Years In Business 9 Average Ticket Gross Annual Sales 98,000,00 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 Abdou Samb Title President Date of Birth 10081980 SSN 066-96-6579 Full Home Address 132 west 129st 1A NY 10027 Full Home Phone Gillybns2@yahooo.com Own/Rent \$ 0 Own Years There 6 Drivers Lience # 581043333 State New York Owner #2 Name Title SSN Full Home Address Home Phone Cell Phone Email SSN Full Home Address Hown From Prome Cell Phone Email SSN Full Home Address Home Phone Cell Phone Email Business Home Based? No	Phone at Location	(212)	222-4862		Best Phone (212) 222-4862 Fax	
Do you currently have cash advance? No With who? Balance	Business Email	Gillyb	ns2@yahoo.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 Abdou Samb Title President Date of Birth 10081980 SSN 066-96-6579 Full Home Address 132 west 129st 1A NY 10027 Home Phone [212) 222-4862 Cell Phone [646) 257-8899 Email Gillybns2@yahooo.com Own/Rent \$ 0 Own Years There 6 Drivers Lience # 581043333 State New York Owner #2 Name Title Date of Birth SSN SSN SSN New York Own/Rent Cell Phone Email State New York Dwn/Rent \$ Years There Drivers Lience # State State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Halpern Pintel Contact Contact Email </td <td>Years In Business</td> <td>9</td> <td> Avera</td> <td>ge Ticket _</td> <td></td> <td>Gross Annual Sales</td> <td>98,000.00</td>	Years In Business	9	Avera	ge Ticket _		Gross Annual Sales	98,000.00
Last Month Vol. # of Tickets 2nd Month Vol. # of Tickets 3rd Month Vol. # of Tickets 4th Month Vol. # of Tickets Owner #1 Name Abdou Samb Title President Date of Birth 10081980 SSN 066-96-6579 Full Home Address 132 west 129st 1A NY 10027 Full Home Phone (212) 222-4862 Cell Phone (646) 257-8899 Email Gillybns2@yahooo.com Own/Rent \$ 0 Own Years There 6 Drivers Lience # 581043333 State New York Own/Rent Bate of Birth SSN SSN Finall Own/Rent Years There Drivers Lience # 581043333 State New York Business Home Based? Cell Phone Email Finall State New York Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Halpern Pintel Contact Contact Email Contact Phone (914) 332-0080 Cell Email Bank Name/Bra	Do you currently ha	ave cash advance	e? No	With who?		Ва	lance
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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	Abdou Samb	Date	10/03/2016