Money	Morks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Luciano

DBA Name		BIT USA INC		Legal	Name	BIT USA INC		
Type of Business Sales and Services IT		Tax II)	650862050		Corp		
Full Business Addre	SS	6047 Kimber	ly Blvd					
Full Billing Address								
Phone at Location (954) 341-9934			934	Best	Phone (954)	341-9934	Fax	(800) 976-4306
Business Email	ss Email ptandon@bitusainc.com		itusainc.com	Website		www.bitusainc.com		
Years In Business		21 Average		Ticket		Gross Annual Sales 575,000.00		
Do you currently ha	ave cash	advance?	Yes W	ith who? Biz20	Credit		Balan	ce <u>19,000</u>
Current Credit Card	d Process	or			Average	Processing Volu	me	
Last Month Vol.	Last Month Vol. #of Tickets		f Tickets	2nd Month Vol.			ckets	
3rd Month Vol.		#o	f Tickets	4th	Month Vol.		#of Tid	ckets
Owner #1 Name	Pankaj (I	Pat) Tandon		Title	VP			
Date of Birth	08-04-19	958		SSN	592-73-74	50		
Full Home Address	5200 N (Ocean Dr						
Home Phone	(954) 34	1-9934	Cell Phone	(954) 614-1430	Email	ptandor	@bitusainc.	com
Own/Rent	\$ <u>0 Ow</u>	n	Years There 15	Driver	s Lience #		State	FL
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				55.1				
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Driver	s Lience #		State	
Business Home Bas	ed?	No Loc	ation: Lease/Own	Leased	Lease Terr	n	Monthl	y Rent
Landlord / Mortgage	e Co.	Square One In	dustrial		Conta	ct	Benniece F	loth
Contact Phone	<u>(</u>	954) 975-699	1 Cell	(954)	975-6991	Email	ben	nie@sheltercorp.net
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 in	nformation is true	and understand that ma	king false stateme	nts might be cons	sidered fraud. By pro	viding the abo	ve information, 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	Pankaj (Pat) Tandon	Date	07/17/2019