MoneyWorks >>	Sales Rep: Julian

DBA Name		Smiles C	Catering I	nc.	1	egal	Name	Smiles Ca	tering Inc	
Type of Business		Restaurant/Catering				_Eegar Name Tax ID		59-3483608		Corp
Full Business Addre	SS	2922 W T								
Full Billing Address				<u>, , </u>						
Phone at Location		(813) 996-1958				Best Phone (813) 597-4253			Fax	(813) 995-0544
Business Email		sksmiles@verizon.net						na	_	
Years In Business		23		Average Tio	cket			Gross Annu	ual Sales 2	2,000,000.00
Do you currently h	ave cash a	advance?		No '	With who?				Bala	nce
Current Credit Card	d Processo	or				_	Average	Processing \	/olume	
Last Month Vol.			#of Tick	ets		2nc	d Month Vol.		#of T	ickets
3rd Month Vol.			#of Tick	ets		4th	Month Vol.		#of T	ickets
	C				T '11					
Owner #1 Name Date of Birth	Scott Wal 09091965				Title -		VP 527-51-74	0.4		
Full Home Address	-	KWAY BLV	n		SSN -	V		94		
Home Phone	(813) 597		Cell P	hone	(813) 597-	4253	Email	skd	l@verizon.net	
Own/Rent	\$ 0 Own		_	There 4			s Lience # w			
OWII/Nenc	y O OWI	!	-	- Tillere -		Dilvei	s Lience # W	+0070003323	State	<u> </u>
Owner #2 Name					Title	e				
Date of Birth					- SSN	N				
Full Home Address	-				-					
Home Phone			Cell P	hone			Email			
Own/Rent	\$		Years	There		Driver	s Lience #		State	
Business Home Bas	sed?	No	Location:	Lease/Own	Owned	d	Lease Terr	n	Month	nly Rent
Landlord / Mortgag	e Co. S	eacoast N	lational B	ank			Conta	ct	Missy LaP	ointe
Contact Phone	3)	313) 549-	5019	_ Ce	II _			Em	nail	
Bank Name/Branch	Suntrus	t		Contact	Mike			Phone	(813) 284	4-3816
Trade Reference#1				Contact				 Phone		
Trade Reference#2				- Contact				– Phone		
Trade Reference#3				- Contact				– Phone		
I hereby represent that all	the above in	formation is	true and un	derstand that m	naking false sta	atemer	nts might be cons	sidered fraud. B	y providing the ab	pove information, the applicant(s)

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	Scott Wall	Date	10/22/2019