

DBA Name		Catch grill		Le	gal Name	Add restaura	nt group inc	
Type of Business		Restaurant b	ar	Ta	ax ID	822328756		Corp
Full Business Addre	SS	736 fulton ave	hempstead ny 1	1550				
Full Billing Address								
Phone at Location		(516) 506-79	37	E	Best Phone (516)) 667-4160	Fax	
Business Email		Catchgrill@ya	ahoo.com		Website	Catchgrilli.co	om	
Years In Business		1	Average Tick	et		Gross Annual	Sales <u>1,500,000.0</u>	0
Do you currently h	ave cash a	advance?	No W	ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volu	ume	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Angelo Di	maggio		Title	President			
Date of Birth	090684			SSN	057-72-96	18		
Full Home Address	14 glenby	In glen head 11	545		-			
Home Phone	(516) 667	-4160 C	ell Phone		Email	catchg	rill@yahoo.com	
Own/Rent	\$ <u>0</u> Own	Y	ears There	Dı	rivers Lience # 50	66783080	State NY	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			ell Phone –		Email			
Own/Rent	\$	Y	ears There	Dı	rivers Lience #		State	
Business Home Bas	ed?	No Loca	tion: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>Jo</u>	seph navi			Conta	nct		
Contact Phone	_		Cell	<u>(5</u>	16) 849-0896	Email		
Bank Name/Branch	Chase		Contact	516-876	-0789	Phone	(516) 876-0789	
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 ar	id understand that mal	king false stat	ements might be cons	sidered fraud. By pr	oviding the above information	n, 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 authorized 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	Angelo Dimaggio	Date	02/05/2019