

DBA Name		PAT LICATA CONSTRUCTION INC.				IC. Le	Legal Name		PA	PAT LICATA CONSTRUCTION OINC.				
Type of Business		BUILDING CONTRACTOR T					ax ID		45	-0634588				Corp
Full Business Addre	ss ·	4483 PAI	LO VERDI	E DRIVE B	OYN	TON BEAC	H, FL	33436						
Full Billing Address	_													
Phone at Location	(561) 2	(561) 247-4521 B					Best Phone (561) 436-4634			Fax				
Business Email LIG			LICATA.PAT@GMAIL.COM				Website		N/	A				
Years In Business		8	Average Ti			icket				Gross Annual Sales 650,000.00				
Do you currently h	ave cash a	dvance?	•	Yes	W	ith who? _					Ва	lance <u>650</u>	00	
Current Credit Card	r					_	Average	e Proc	essing Volu	me				
Last Month Vol.			#of Ticl	kets			2nd	Month Vol.			#of	Tickets		
3rd Month Vol.			#of Ticl	kets _			4th	Month Vol.	·		#of	Tickets		
Owner #1 Name	PATRICK L	ICATA				Title		PRESIDE	NT					
Date of Birth	12041961					SSN		265-61-7	7434					
Full Home Address	4483 PALO) VERDE												
Home Phone	(561) 436	-4634	Cell F	Phone	((561) 436-4	634	Email		licata.pa	it@gmai	l.com		
Own/Rent	\$ <u>0 Own</u>		Year	s There	25	D	rivers	Lience #	L23067	70614440	_State	FL		
Owner #2 Name						Title								
Date of Birth						SSN								
Full Home Address						3314								
Home Phone			Cell Phone			Email								
Own/Rent	\$		Year	s There		D	rivers	Lience #			State			
Business Home Bas	ed?	No	Location	n: Lease/C	Own	Leased		Lease Tei	erm	MONTHLY NO LEASE	Mor	nthly Rent	200.00)
Landlord / Mortgage Co.								Cont	tact	-				
Contact Phone			Cell			_				Email				
Bank Name/Branch				Cont	act					Phone				
Trade Reference#1				Cont	act					Phone				
Trade Reference#2	_			_ Conta	act					Phone				
Trade Reference#3				 Conta	act_					Phone				
I hereby represent that all	the above inf	ormation is	true and u	nderstand th	at mak	king false stat	temen	ts might be co	onsidere	d fraud. By pro	/iding the	above inform	ation, the a	oplicant(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	PATRICK LICATA	Date	09/05/2019