

DBA Name		Francesco	os Italian Ar	nerican	Bakery Le	egal Name	<u>Fı</u>	rancescos Itali	an Americ	an Bakery	
Type of Business		bakery			T	Tax ID		80-0286508		<u> </u>	Corp
Full Business Addre	ss <u>s</u>	943 N. Bro	adway , Ma	ssapequ	ıa, NY 1175	8					
Full Billing Address											
Phone at Location		(516) 931	L-6821		!	Best Phone <u>(</u>	516) 60	06-1495	Fax		
Business Email		Franco@francescosbakery.con			om	Website	_				
Years In Business	<u> </u>	8 Average Ti		cket		_ Gr	Gross Annual Sales 575,000				
Do you currently ha	ave cash a	dvance?	Yes	5	With who? _				Balan	ce <u>130,000</u>	
Current Credit Card Processor			_			Aver	age Pro	cessing Volum	е		
Last Month Vol.			of Tickets#			2nd Month V	ol		#of Tio	kets	
3rd Month Vol.		÷	of Tickets#			4th Month V	ol		#of Tio	kets	
Owner #1 Name	Francesco	Cuarriari			Titlo	procid	ont				
Owner #1 Name Date of Birth	10-3-65	Guerrien			Title - SSN	<u>.</u>	0-1278				
Full Home Address	4 Janet ct	Miller			-		0-1270				
Home Phone	(516) 931-		Cell Phone	<u> </u>	(516) 606-1	.495 Email		thomas.kl	uenfel@do	vecoteaccour	nting.com
Own/Rent	\$ 0 Own		— Years The			rivers Lience #	96054	41955	State	NY	
· · · · · · · · · · · · · · · · · · ·	<u> </u>		. 64.5	<u> </u>					01010		
Owner #2 Name					Title						
Date of Birth					- SSN						
Full Home Address					-						
Home Phone			Cell Phone	9		Email					
Own/Rent	\$		Years The	ere _	D	rivers Lience #			State		
Business Home Bas	ed?	No L	ocation: Le	ase/Owr	n Leased	Lease	Term		Monthl	y Rent	
Landlord / Mortgage							ontact		_		
				C			Jillacc				
Contact Phone				Ce				Email			
Bank Name/Branch	VALLEY I	NATIONAL	BANK	Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
<u> </u>					-						

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	Francesco Guerrieri	Date	04/12/2017