

DBA Name	DBA Name		Sapori Italian Grille		Legal Name		Sapori Italian Grille	
Type of Business		Full Service Restaurant		Tax ID		46-3216758		LLC
Full Business Addre	SS	33481 Lake	Rd Avon Lake, OH	H 44012				
Full Billing Address								
Phone at Location		(440) 933-	(440) 933-4360		Best Phone (440		Fax	
Business Email		kmarquis6	kmarquis68@gmail.com		Website		http://www.saporiitaliangrille.com	
Years In Business			Average Ti	cket		Gross Annua	Sales <u>550,000.00</u>	
Do you currently ha	ave cash	n advance?	Yes	With who? _			Balance <u>26000</u>	
Current Credit Card Processor					Average	Processing Vo	lume	
Last Month Vol.		#	of Tickets		2nd Month Vol.	#of Tickets		
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Kelly Ma	arquis		Title –	Owner / Ma	anager		
Date of Birth	05-29-1968			SSN -	SSN 464-63-983			
Full Home Address	115 Yale Elyria, OH 44035							
Home Phone	(440) 933-4360 Cell Phone		Cell Phone	(440) 723-7465 Email kmarquis68@gmail.com		quis68@gmail.com		
Own/Rent	\$ <u>0 Rent</u> Years The		Years There	Drivers Lience #		State		<u>—</u>
Owner #2 Name	Joseph ⁻	Truscello		Title	Owner / Ch	nef		
Date of Birth	04-11-1959			SSN	266-25-80	18		
Full Home Address	5115 Lake Rd #707 Sheffield Lake, OH 44054							
Home Phone			Cell Phone	(305) 910-96	Email	jtruscello411@gmail.com		
Own/Rent	\$ Rent	<u>t</u>	Years There	Dr	ivers Lience #		State	_
Business Home Bas	ed?	No Lo	cation: Lease/Owr	n Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co.	TBP Avon Lak	e		Conta	ct	Tomie Patton	
Contact Phone		(440) 930-750	00 Ce	·II		Emai	I	
Bank Name/Branch	Huntir	ngton	Contact			Phone		
Trade Reference#1			 Contact		ett	– Phone	(440) 315-5500	
Trade Reference#2	nce#2 RC Distributors		 Contact	Maria		– Phone	(216) 376-3700	
Trade Reference#3	Mondo	Italiano	Contact	Mima		– Phone	(440) 714-9591	

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	Kelly Marquis	Date	08/31/2016