

DBA Name		Bushido Karat	e Doio	l e	egal Name	Bushido Kar	ate Doio Inc.	
Type of Business		karate studio and fitness		Tax ID		46-2146519		Corp
Full Business Addre	cc	876-01 Connet		·`		10 21 10313		Согр
Full Billing Address	33	070 01 connec	quot Avenue					
Phone at Location		(631) 277-365			Best Phone		Fax	
Business Email		bushidokarate@optonline.net		<del></del>		bushidokaratedojo.com		
Years In Business		20				Gross Annual Sales 54,000.00		<u> </u>
			Average Ticl					
Do you currently ha			No W	/ith who? _			Balance	
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	George	e Santiago		Title	President			
Date of Birth	12-11-1	1968		SSN	132-64-79	35		
Full Home Address	43 21st	t avenue						
Home Phone	(631) 2	277-3656 Ce	II Phone		Email	bushi	dokarate@optonline.net	:
Own/Rent	\$ 0 Re	\$ 0 Rent Years There		Drivers Lience #		State NY		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ll Phone		Email			
Own/Rent	\$	Y6	ears There	D	rivers Lience #		State	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Terr	n	Monthly Rent	3,600.00
Landlord / Mortgage	 e Co.	DJA Associates III	, LLC.		 Conta	ct	Donald Anazalone	
Contact Phone		(516) 510-6800	Cell	_		Emai	1	
Contact Filone		(510) 510-0000		_				
Bank Name/Branch	Capito	ol One	Contact			Phone		
Trade Reference#1	Century Martial Arts Contact		any representative		Phone	(800) 626-2787		
Trade Reference#2	Kings	Martial Arts	Contact	Oli		 Phone	(631) 586-1968	
Trade Reference#3	Lightv	wave Graphics	Contact	Erika		 Phone 	(631) 225-6200	

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	George Santiago	Date	08/15/2019