

DBA Name		Lino Blackman	Associates II	Leg	gal Name	Lino Blackman	& Associates	LLC
Type of Business		Real Estate Investment		Tax	x ID	275351582		LLC
Full Business Addre	SS	168-10 127th Av	e					
Full Billing Address								
Phone at Location		(718) 724-9326		Ве	Best Phone (718) 724-9326 Fa		Fax	
Business Email	il <u>Iblackman@linobl</u>		blackmanllc.co	ackmanllc.com				
Years In Business		11	Average Ticket Gross Annual Sales 125,000.00				000.00	
Do you currently ha	ave cash a	advance?	No W	ith who?			Balance	
Current Credit Card	or			Average	Processing Volur	ne		
Last Month Vol.		#of Tic	kets		2nd Month Vol.		#of Ticke	ts
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Ticke	ts
Owner #1 Name	Latasha E	Blackman		Title	Owner			
Date of Birth	01081969	9		SSN	107-70-05	32		
Full Home Address	111-36 1	74th Street						
Home Phone	(718) 724	1-9326 Cell	Phone	(773) 644-38	89 Email	Ibandass	ociates@hotm	ail.com
Own/Rent	\$ <u>0 Owr</u>	nYea	rs There 12	Dri	vers Lience # 22	29532770	_State	New York
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				2211				
Home Phone		Cell	Phone		Email			
Own/Rent	\$		rs There	Dri	vers Lience #		State	
<i></i>	<u> </u>							
Business Home Bas	ed?	No Locatio	n: Lease/Own	Owned	Lease Terr	n	Monthly R	ent
Landlord / Mortgage	e Co				Conta	ct _		
Contact Phone	_		Cell			Email		
Bank Name/Branch	Chase		Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			— Contact			– Phone		
Trade Reference#3			 Contact			Phone		
I horoby roprosont that all	the above in	formation is true and a	understand that ma	king falso state	monts might be sone	idorod fraud. By prov	iding the above i	oformation, 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 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	Latasha Blackman	Date	12/05/2019
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