

DBA Name		deluxe	town dine		Le	egal Name		Handmade Bra	ands inc		
Type of Business		great restaurant						043518754			Corp
Full Business Addre	SS		unt auburn	street							·
Full Billing Address											
Phone at Location (617) 926-8400			Best Phone			617)	780-6560	Fax			
Business Email	dlevy@delu			ndiner.com	Website		deluxetowndiner.com				
Years In Business		17		Average Tick	cet		_	Gross Annual S	ales	2,200,000	.00
Do you currently ha	ave cash	advance?	?	Yes W	ith who? <u>E</u>	BFS, and Ever	est/W	/MC	Bala	ance <u>56,03</u>	34. and 54,378
Current Credit Card	l Process	or				Aver	age P	rocessing Volu	me		
Last Month Vol.			#of Tick	ets		2nd Month V	/ol.		#of	Tickets	
3rd Month Vol.			#of Tick	ets		4th Month V	ol.		#of	Tickets	
Owner #1 Name	donald le	2VV			Title	tres/cl	lerk				
Date of Birth	0727194				SSN	102-3		1			
Full Home Address			tertown ma		55.1						
Home Phone	(617) 78		Cell Ph	none	(617) 780-6	560 Email		dlevy@c	leluxetow	ndiner.com	
Own/Rent	\$ 0 Ow	n	 Years	There 12	D	 rivers Lience #	s35	 5405141	State	Massa	achusetts
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Ph	none _		Email					
Own/Rent	\$		Years	There	D	rivers Lience #			_State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease	Term	12	Mon	thly Rent	7,800.00
Landlord / Mortgage	e Co. <u>a</u>	angela arv	vanitis			Co	ontac	t <u>a</u>	angela		
Contact Phone	<u>(</u>	617) 599	-8419	Cell	(6	17) 599-8419	9	Email	_		
Bank Name/Branch	citizens	s bank		Contact	margari	t karapetyan		Phone	(617) 92	26-8484	
Trade Reference#1		<u> </u>		Contact	- 			Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all	the above in	nformation is	true and und	lerstand that ma	king false sta	tements might be	e consid	dered fraud. By prov	iding the a	bove informa	tion, 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	donald levy	Date	03/19/2018