MoneyWorks > Direct ADMINISTRAT	TIVE FORM PLEASE FAX TO:1.646.417.5809
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		C': D .				0		
DBA Name				gal Name	City Development Contractors			
Type of Business	Interior Design			Tax ID <u>L12000124672</u>			Corp	
Full Business Address 12701 S. John Young Pkwy Orlando Fl. 32837								
Full Billing Address								
Phone at Location		(407) 780-	8888		Best Phone		Fax	
Business Email					Website			
Years In Business	5	5	Average	Ticket		Gross Annual Sales	150,000.00	
Do you currently ha	ave cash a	dvance?	No	With who? _			Balance	
Current Credit Card	l Processor				Average	Processing Volume		
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Gino Ramo	S		Title	Owner			
Date of Birth	10271974			SSN	584-87-52	42		
Full Home Address	1924 Porto	fino Meadow	ıs Blvd Orlando Fl.					
Home Phone	(407) 780-8	8888	Cell Phone		Email	gino.ramos@	gmail.com	
Own/Rent	\$ 0 Own		- Years There	D	Drivers Lience # Stat		ate	
					_			
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #	St	ate	_
Business Home Bas	ed?	No Lo	cation: Lease/Ov	wn <u>Leased</u>	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone				Cell		Email		
Bank Name/Branch			Conta	ct		Phone		
Trade Reference#1			 Conta	ct		Phone		
Trade Reference#2			 Conta	ct		Phone		
Trade Reference#3			Conta	ct		Phone		
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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 ownerlyofficer (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	Gino Ramos	Date	09/27/2016