

DBA Name		Matteo's	Italian Restaura	nt	Lega	al Name	Matteo's Italian	Restaurant	
Type of Business		Restaurant			Tax	ID	263427966		Corp
Full Business Addre	ess	137 village	e at glynn pl bru	nswick g	 ga 31525				
Full Billing Address									
Phone at Location		(912) 267-0248			Bes	st Phone (912)	996-5011	Fax	
Business Email		Matteosbqk@gmail.com				Website	Matteoss.com		
Years In Business		8	Average	e Ticket			Gross Annual Sa	ales <u>450,000.00</u>	
Do you currently h	ave cash	advance?	No	With	who?			Balance	
Current Credit Card	d Process	or				Average F	Processing Volun	ne	
Last Month Vol.			#of Tickets		2	nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets		4	th Month Vol.		#of Tickets _	
Owner #1 Name	Dylan La	wson			Title	CEO			
Date of Birth	09-14-19				SSN	151-98-011	7		
Full Home Address	552 Shea				55.1				
Home Phone	(912) 99	-	Cell Phone			Email	matteosb	oqk@gmail.com	
Own/Rent	\$ 0 Ren	nt	— Years There	1	Driv	ers Lience #		State	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Driv	ers Lience #		State	<u> </u>
Business Home Bas	sed?	No L	ocation: Lease/0	Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgag	e Co					Contac	it _		
Contact Phone	_			Cell			_ Email		
Bank Name/Branch			Cont	act			Phone		
Trade Reference#1			Cont	act –			Phone		
Trade Reference#2			Cont	act _			Phone		
Trade Reference#3			Cont	act _			Phone		
I horoby represent that all	the above in	oformation is to	rue and understand th	ant making	falso staton	aonts might ha sansi	darad fraud. By prayi	iding the above information	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	Dylan Lawson	Date	06/05/2017