

DBA Name		Lamberti & Associates, LLC			Lega	l Name	Lamberti & Associates, LLC		
Type of Business		Insurance Broker			Tax I	D	45-3814732		LLC
Full Business Addre	SS	One NH	l Avenue, S	uite 125, Port	smouth, NH (03801			
Full Billing Address									
Phone at Location		(603) 601-6705			Bes	Best Phone (603) 7		Fax	(603) 601-7350
Business Email		mel@l	mel@lambertiandassociates.com			Website			
Years In Business		6 Average			Ficket		Gross Annual Sales 117,005.00		
Do you currently h	ave cas	sh advance	?	Yes Wi	ith who? Loa	n Me		Balanc	e <u>\$11,000</u>
Current Credit Card	d Proce	ssor				Average P	rocessing Volu	ıme _	
Last Month Vol.			#of Tick	ets	2r	nd Month Vol.		#of Tick	cets
3rd Month Vol.			#of Tick	ets	4t	h Month Vol.		#of Tick	cets
Owner #1 Name	Mary E	E Lamberti			Title	President			
Date of Birth	10/24/	1960			SSN	290-66-333	1		
Full Home Address	241 Drakeside Road, Hampton, NH 03842								
Home Phone	(603)	601-6705	Cell P	hone (603) 770-5736	Email	mel@la	mbertiandass	ociates.com
Own/Rent	\$ <u>0 P</u>	\$ <u>0 Rent</u> Years There			Drivers Lience # 10LIM60241 State NH				
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					33.1				
Home Phone			Cell P	hone		Email			
Own/Rent	\$		Years	There	Drive	ers Lience #		State	
Business Home Bas	ed?	No	Location	Lease/Own	Leased	Lease Term		Monthly	Pont
			Location	Lease/OWII	Leasea				
Landlord / Mortgage	e Co.	IOS				Contac	t	Nikki Scamn	nan
Contact Phone		(603) 570	0-4874	_ Cell			Email	nscar	mman@iosnh.com
Bank Name/Branch				Contact			Phone		
Trade Reference#1				Contact			Phone		
Trade Reference#2	-			Contact	_		Phone		
Trade Reference#3				- Contact -			Phone		
I hereby represent that all	the abov	e information	is true and un	derstand that mak	ing false statem	ents might be consid	dered fraud. By pro	oviding the above	e 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 authorized 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	Mary E Lamberti	Date	06/19/2018