MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
woney works >	Sales Rep: Patrick

DBA Name		Platesfromparis			_egal Name	Platesfromparis		
Type of Business		Catering			Tax ID	813614632		Corp
Full Business Addre	ess.	6028 lansdo	wne ave					
Full Billing Address								
Phone at Location		(267) 495-4	1830		Best Phone (21	5) 410-2823	Fax	
Business Email		platesfromp	oaris@gmail.c	om	Website			
Years In Business		1	Averag	e Ticket _		Gross Annua	I Sales <u>35,000.00</u>	
Do you currently h	ave cash a	advance?	No	With who?			Balance	
Current Credit Card	d Processo	or			Average	e Processing Vo	lume	
Last Month Vol.		#o	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Paris Ray	mond		Titl	e Owner			
Date of Birth	06/30/198			SS		1232		
Full Home Address	15 Walnu				103 72 0			
Home Phone	(215) 410		Cell Phone	(215) 410-	-2823 Email	plates	sfromparis@gmail.com	
Own/Rent	\$ 0 Rent		Years There		<del></del>	27862091	State PA	
	· <del></del>							
Owner #2 Name				Titl	e			
Date of Birth				SS	N			
Full Home Address	-				<del></del>			
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Drivers Lience #		State	
Business Home Bas	sed?	No Loc	ation: Lease/	Own Lease	d Lease Te	rm	Monthly Rent	
Landlord / Mortgage	e Co. R	ockland			Cont	tact		
Contact Phone	_			Cell (	215) 527-3407	Emai	il	
Bank Name/Branch	Bank of	america	Cont	act		Phone	(302) 478-1005	
Trade Reference#1			 Cont	act		 Phone		
Trade Reference#2			 Cont	act		— Phone		
Trade Reference#3			 Cont			—— Phone		
I hereby represent that all	the above in	formation is true	and understand t	hat making false st	atements might he co	onsidered fraud. By n	providing 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	Paris Raymond	Date	09/13/2017