MoneyWorks >>	Sales Rep: Julian

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DBA Name	<u></u>			Legal Name		Official Shoes Inc			
Type of Business		Shoes retail		T	ax ID	113477877		_	Corp
Full Business Addre	:SS	706 jericho tp	oke						
Full Billing Address									
Phone at Location	n <u>(516)</u> 616-1488			E	Best Phone (516) 616-1488 Fax				
Business Email		Bob@schools	shoe.com		Website	www.schoolsh	oe.com		
Years In Business		30	Average Tid	cket		Gross Annual S	ales <u>40</u>	00,000.00	
Do you currently ha	ave cash a	dvance?	No N	With who? _			Baland	:e	
Current Credit Card	d Processo	r			Averag	e Processing Volu	me _		
Last Month Vol.	-	#of	Tickets		2nd Month Vol		#of Tic	kets	
3rd Month Vol.		#of	Tickets		4th Month Vol		#of Tic	kets	
Owner #1 Name	Robert Ka	lfuc		Title	Pres				
Date of Birth	10/16/195			- SSN		2161			
Full Home Address		77th street 100	75	-		101			
Home Phone	(515) 616		Cell Phone		Email	schoolsk	noe@aol.com		
									
Own/Rent	\$ <u>0 Own</u>		Years There		rivers Lience #	258829065	_State	New York	
Owner #2 Name				Title					
Date of Birth				- SSN					
Full Home Address				-					
Home Phone		(Cell Phone		Email				
Own/Rent	\$	· · · · · · · · · · · · · · · · · · ·	Years There	D	rivers Lience #		State		
Business Home Bas	sed?	No Loca	tion: Lease/Own	Leased	Lease Te	rm	Monthly	· Rent	
Landlord / Mortgage	-				Con	-			
Contact Phone			Ce			- Email			
Contact Friorie									_
Bank Name/Branch	Chase		Contact	Paola		Phone			
Trade Reference#1			Contact	-		Phone			
Trade Reference#2			Contact			Phone			
Trade Reference#3			Contact			Phone			
I hereby represent that all	the above inf	ormation is true a	nd understand that m	naking false sta	tements might be co	onsidered fraud. By pro	viding the abov	ve information, the a	pplicant(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	Robert Kalfus	Date	04/13/2018
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