

DBA Name		Luis Alema	n Enterprises, IN	C. Leg	gal Name	Luis Aleman E	nterprises, INC.	
Type of Business		Wholesaler			x ID	471509593		Corp
Full Business Address		90 Grove S	T					·
Full Billing Address								
Phone at Location		(516) 444-7004		В	est Phone (516)	445-8540	Fax	
Business Email		lca2054@yahoo.com		_	Website		_	
		2 Average Ticl		Γicket	cket		Gross Annual Sales 300,000.00	
Do you currently h	ave cash a	advance?	Yes	With who? TI	GERLIFE		Balance 9000	
Current Credit Card Processor		r			Average	Processing Volu	me	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	LUIS Alem	nan		Title	Owner			
Date of Birth	06-30-197	73		— SSN	054-90-907	76		
Full Home Address	90 Grove ST, Apt. 9							
Home Phone	(516) 444	-7004	Cell Phone	(516) 445-85	40 Email	lca2054	@yahoo.com	
Own/Rent	\$ 0 Rent	:	Years There		ivers Lience # 89	95770496	State New York	
Owner #2 Name				Title				
Owner #2 Name Date of Birth				Title				
				_				
Date of Birth			Cell Phone	_	Email			
Date of Birth Full Home Address	\$		Cell Phone Years There	SSN	Email ivers Lience #		State	
Date of Birth Full Home Address Home Phone	· -	Yes Lo	_	SSN		n <u>NO TERM</u>	State)
Date of Birth Full Home Address Home Phone Own/Rent	sed?	Yes Lo	Years There	SSN	ivers Lience #)
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	sed?		Years There	SSN	ivers Lience # Lease Tern		Monthly Rent 500.00)
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage	sed?		Years There cation: Lease/Ow	Dri	ivers Lience # Lease Tern	ct <u>!</u>	Monthly Rent 500.00)
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	e Co. JU Bethpae	ILIO VAZQU	Years There cation: Lease/Ow EZ Credit	SSN Dri	ivers Lience # Lease Tern	ct <u>!</u> Email	Monthly Rent 500.00)
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	Bethpag Union	ILIO VAZQU	Years Therecation: Lease/Ow EZ C Credit Conta	Dri vn Leased Cell act Liron	ivers Lience # Lease Tern	ct <u>!</u> Email	Monthly Rent 500.00)
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1	Bethpag Union	ILIO VAZQU	Years There	Driven Leased Cell act Liron Larry	ivers Lience # Lease Tern	ct <u>!</u> Email Phone Phone	Monthly Rent500.00 5163594602 (484) 300-7585	0

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	LUIS Aleman	Date	08/11/2016
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