Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
-------------------------------------------------------------------	-----

DDA Nama		OMC bar and	Loungo		al Nama	C II A Dostavi	contains	
DBA Name		OMG bar and Lounge				C H A Restaurants inc		
Type of Business Restaurant				82-4103342		Corp		
Full Business Addre	SS	1401 University	/ blvd, Hyattsville	e MD 20783				
Full Billing Address								
Phone at Location	hone at Location (301) 434-0154		Best Phone (301) 440-3876 Fax					
Business Email		conradclub23@gmail.com Website						
Years In Business		11	Average Tick	et		Gross Annual S	Sales <u>500,000.00</u>	
Do you currently ha	ave cash a	advance?	No W	ith who?			Balance	
Current Credit Card	d Processo	or			Average I	Processing Volu	ıme	
Last Month Vol.		#of T	ickets	2	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets	4	th Month Vol.		#of Tickets	
Owner #1 Name	Conrado I			Title	President			
Date of Birth	11/21/196			SSN	577-13-382	22		
Full Home Address	17405 Re	ford Rd, Rockville	MD					
Home Phone	(301) 440)-3876 Ce	ell Phone —		Email	conrado	club23@blah.com	
Own/Rent	\$ <u>0 Own</u>	\$ <u>0 Own</u> Years There		Drivers Lience #		State		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ell Phone —		Email			
Own/Rent	\$	Ye	ears There	Driv	ers Lience #		State	
Business Home Bas	ed?	No Locat	on: Lease/Own	Leased	Lease Term	ı	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ct		
Contact Phone	_		Cell			_ Email		
Bank Name/Branch	BB&T		Contact	Melissa Joi	rdan	Phone	(301) 985-1120	
Trade Reference#1			 Contact			– Phone		
Trade Reference#2			—— Contact			– Phone		
Trade Reference#3			Contact			– Phone		
I horoby ropresent that -!!	the above in	formation is two	d understand that	ding folgo state:	aanta miaht ha	idorod fraud. Du	usiding the chara information	be applicant/-\

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	Conrado Halfaro	Date	05/01/2019
-------------	--------------	-----------------	------	------------