MoneyWorks > Direct ADMINISTRATIVE FORM PLEAS	SE FAX TO:1.646.417.5809
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DBA Name	I.SiegelCatering			Legal I	Name	I.Siegel Catering,llc				
Type of Business	Private Chef Service, Catering		e, Catering	Tax ID		47-3889486				LLC
Full Business Addre	ess <u>161 W</u>	ilton Drive sui	te 3 Campbe	ell Ca 95008						
Full Billing Address										
Phone at Location	(408) 679-9451		Best Phone			Fax				
Business Email	Ira@isiegelcatering.com		V	Website		www.isiegelcatering.com				
Years In Business	2	A	verage Ticke	et		Gross Annual S	Sales	-140,000.	00	
Do you currently ha	ave cash advand	ce?	Yes	With w	/ho?	Loan Me		Balance	6000	
Current Credit Card	d Processor	_			Average	Processing Volu	me			
Last Month Vol.		#of Ticket	s	2nd	Month Vol.		#of ⁻	Tickets		
3rd Month Vol.		#of Ticket	s	4th	Month Vol.		#of ⁻	Tickets		
Owner #1 Name	Ira Siegel			Title	Single Mer	nber				
Date of Birth	03-07-1962			SSN	374-66-79	 27				
Full Home Address	161 Wilton Drive	, campbell,ca 95	5008							
Home Phone	(408) 679-9451	Cell Pho	ne		Email	ira@isie	gelcaterin	na.com		
	,	CCII I IIO	110		Lillali		_	5		
Own/Rent	\$ 0 Rent	Years T	_	Drivers		5987374	State	Califo	rnia	
Own/Rent			_	Drivers	_	-			rnia	
Own/Rent Owner #2 Name			_	Drivers	_	-			rnia	
			_		_	-			rnia	
Owner #2 Name			_	Title	_	-			rnia	
Owner #2 Name Date of Birth			here 3	Title	_	-			rnia	
Owner #2 Name Date of Birth Full Home Address		Years T	here 3	Title SSN	Lience # <u>F</u> 6	-			rnia	
Owner #2 Name Date of Birth Full Home Address Home Phone	\$ <u>0 Rent</u>	Years T	here 3	Title SSN	Email	5987374	State		1,850.00	0
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent	\$ <u>0 Rent</u> \$ ed?Yes	Cell Pho Years T	here 3	Title SSN Drivers	Email Lience #	6 mo	State	Califo		0
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	\$ <u>0 Rent</u> \$ ed?Yes	Cell Pho Years T	here 3	Title SSN Drivers Leased	Email Lience #	6 mo	State	Califo		0
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage	\$ <u>0 Rent</u> \$ ed?Yes	Cell Pho Years T Location: L	ne here	Title SSN Drivers Leased	Email Lience # Lease Terr Conta	n <u>6 mo</u>	State	Califo		0
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	\$ O Rent \$ ed? Yes e Co. Tim Tan Wells Fargo/ 6 Hamilton	Cell Pho Years T Location: L g	neease/Own	Title SSN Drivers Leased (408) 8	Email Lience # Email Lease Tern Conta	n 6 mo ct Email	State State Mont	Califo		0
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	\$ O Rent \$	Cell Pho Years T Location: L g	neease/Own Cell Contact	Title SSN Drivers Leased (408) 8	Email Lience # Email Lease Tern Conta	n 6 mo ct Email	StateMont(408) 3(415) 8	Califo		0
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1	\$ O Rent \$	Cell Pho Years T Location: L g	here 3 ne here ease/Own Cell Contact Contact	Title SSN Drivers Leased (408) 8 Aza Abdalja Herve Bitto	Email Lience # Email Lience # Lease Terr Conta 321-7137 bbar	n 6 mo ct Email Phone Phone	StateMont(408) 3(415) 8(415) 5			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 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	Ira Siegel	Date	07/22/2016
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