MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Cleaning Master		Le	gal Name	Safed Inc.			
Type of Business		Cleaning Services		Tax ID			45-4235348		
Full Business Addre	SS	805 Columbus Ave						Corp	
Full Billing Address	33	203 20141112437112	., 10023						
Phone at Location		(347) 896-2580		В	est Phone (34		Fax		
Business Email		info@cleaning-ma	Website			www.cleaning-master.com			
Years In Business			ket			Gross Annual Sales 200,000.00			
	ave cash			 Vith who?			— Balan		
Do you currently have cash advance? No With who? Balance Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of Tick	ets		2nd Month Vol	_	#of Tic	kets	
3rd Month Vol.		 #of Tick	ets		4th Month Vol		- #of Tic	kets	
							_		
Owner #1 Name	Parviz Sh	ahidi		Title	Presider	nt			
Date of Birth	12/02/19	79		SSN	188-67-8	8817			
Full Home Address	2674 Har	ring Street, Brooklyn,	NY, 11235						
Home Phone	(347) 896	6-2580 Cell Pl	none	(347) 320-43	L39 Email	info@c	cleaning-maste	er.com	
Own/Rent	\$ <u>0 Owr</u>	n Years	There 6	Dr	ivers Lience #	701937150	State	New York	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell Pl	-		Email				
Own/Rent	\$	Years	There	Dr	ivers Lience #		State		
Business Home Bas	ed?	No Location:	Lease/Own	Leased	Lease Te	erm	Monthl	y Rent	
Landlord / Mortgage	e Co. <u>R</u>	lita Stravets			Con	tact			
Contact Phone	<u>(</u> !	917) 421-6495	Cell			Email	l		
Bank Name/Branch	JP Morg	an Chase	Contact	Alex		Phone	(718) 646-	8440	
Trade Reference#1	United	Elite Group	Contact	Tolib Ma	nsurov	Phone	(646) 775-	7009	
Trade Reference#2	NYC Sh	ort Lease	Contact	Dan Azeı	roal	Phone	(646) 708-	3841	
Trade Reference#3	Amazor	n Home Services	Contact			Phone	(866) 216-	1072	

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	Parviz Shahidi	Date	08/07/2017
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