

DBA Name		SEA OF GLASS	AND MIRRORS	Le	egal Name	SEA OF GLASS ANI	D MIRRORS	
Type of Business		GLASS AND SHOWER DOORS		 T	ax ID	27-0914107		Corp
Full Business Addre	:SS	3440 HOLLYWOOD BLVD HOLLYWOOD, FL 33021						•
Full Billing Address								
Phone at Location		(954) 515-2975			Best Phone	F	-ax	
Business Email		info@seaofglassmirrors.com			Website	www.seaofglassmi	irrors.com	
Years In Business		10	Average Tic	ket		Gross Annual Sales	250,000.00	
Do you currently h	ave cash a	advance?	No V	Vith who? _			Balance	
Current Credit Card Processor					_ Average	Processing Volume		
Last Month Vol.	-	#of T	ickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month Vol.		#of Tickets	
Owner #1 Name	ΔΝΤΗΟΝΥ	/ MARADIAGA		Title	PRESIDEN	Т		
Date of Birth	ANTHONY MARADIAGA 08201967			SSN				
Full Home Address	16853 TRITE BEND ST WIMAUMA, FL 33598			33.1				
Home Phone	(305) 316		ell Phone		 Email	info@seaofgl	lassmirrors.com	
Own/Rent	\$ 0 Own	Ye	ears There 1	D	rivers Lience # M		ate FLORIDA	
								_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Ce	ell Phone		Email			
Own/Rent	\$ Own	Y6	ears There	D	rivers Lience # _	Sta	<u></u>	_
Business Home Bas	sed?	Yes Locati	on: Lease/Own	Leased	Lease Teri	m!	Monthly Rent	
Landlord / Mortgage Co.				Conta				
Contact Phone	_		Cel	l		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I hereby represent that all	the above in	formation is true and	d understand that ma	aking false sta	tements might be con	sidered fraud. By providing	the above information, the	e applicant(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	ANTHONY MARADIAGA	Date	05/22/2019
-------------	--------------	-------------------	------	------------