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MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Kevin

DBA Name		NY State of Mir	nd	Le	egal Name	NY State of Mind	l	
Type of Business		Sole Proprietor	ship	T	ax ID	203889564		Sole Prop
Full Business Addre	ess	11 Midwood St.						
Full Billing Address								
Phone at Location	(347) 938-1501		1	1	Best Phone (347) 938-1501	Fax	
Business Email		brett.nystateof	mind@gmail.co	om	Website	nsymclothing.com		
Years In Business		8	Average Tic	ket		Gross Annual Sal	es <u>97,000.00</u>	
Do you currently h	ave cash	advance?	No V	Vith who? _			Balance	
Current Credit Card	d Process	sor			Average	Processing Volume	e	
Last Month Vol.		#of Ti	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Ti	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Brett Ste	ein		Title	Owner			
Date of Birth	10-29-19	980		SSN	034-60-33	31		
Full Home Address	11 Midw	ood St., #A7						
Home Phone	(347) 93	88-1501 Cel	l Phone	(347) 938-1	.501 Email	brett.nysta	ateofmind@gmail.con	1
Own/Rent	\$ <u>0 Re</u>	nt Ye	ars There 9	D	rivers Lience # 1	6240512045530	State New Yor	<u>'k</u>
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cel	l Phone		Email			
Own/Rent	\$	Ye	ars There	D	rivers Lience # _		State	
Business Home Bas	sed?	Yes Location	n: Lease/Own	Leased	Lease Terr	n	Monthly Rent	1,800.00
Landlord / Mortgag	e Co	Midwood 11 LLC			Conta	ect		
Contact Phone	<u>.</u>	(718) 677-1667	Cell	l <u>(7</u>	18) 677-1667	Email		
Bank Name/Branch	Bank c	of America	Contact			Phone		
Trade Reference#1			— Contact			Phone		_
Trade Reference#2			— Contact			 Phone		
Trade Reference#3			— Contact			Phone		
I hereby represent that all	the above i	nformation is true and	understand that ma	aking false sta	tements might he con	sidered fraud. By provid	ing the above informatio	n, the 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 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	Brett Stein	Date	08/16/2017