

DBA Name LIFE ALTERNATIV		S INC	Legal Name	LIFE ALTERNATIVES INC					
Type of Business BEAUTY SUPPLIES		Tax ID		47-1105084	Corp				
Full Business Address 4811 NW 79 AVE SUITE 3 DORAL FLORIDA 33166									
Full Billing Address									
Phone at Location	one at Location (786) 542-9883		Best Phone (786	5) 542-9883 Fax	(786) 376-8914				
Business Email	LIFEALTERNATIVES	LIFEALTERNATIVES4811@GMAIL.COM		WWW.LIFEALTERNATIVES.NET					
Years In Business	<u>2yr2</u>	Average Ticket		Gross Annual Sales 30	00,000.00				
Do you currently ha	ve cash advance?	No With	n who?	Baland	ce				
Current Credit Card Processor Average Processing Volume									
Last Month Vol.	#of Tickets		2nd Month Vol.	#of Tickets					
3rd Month Vol.	#of Ticke	ts	4th Month Vol.	4th Month Vol. #of Tickets					
Owner #1 Name	JAIRO BABILONIA JR		Title PRESIDEN	ІТ					
Date of Birth	03-31-1978		SSN 589-67-93	183					
Full Home Address	e Address 13727 SW 152 ST APT 310 MIAMI FLORIDA 33177								
Home Phone	(786) 250-9236 Cell Phone (786) 250-9236 Email JAIRO31@HOTMAIL.COM								
Own/Rent	\$ 0 Rent Years	There 3	Drivers Lience #	3145421781111 State	FLORIDA				
Owner #2 Name			Title						
Date of Birth			SSN						
Full Home Address									
Home Phone	Cell Ph		Email						
Own/Rent	\$ Years	There	Drivers Lience # _	State					
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent									
Landlord / Mortgage	Co. ALHAMBRA BUSINES	S CENTER	Cont	act GRACIELA	VILORIA				
Contact Phone	(305) 592-6559	Cell		Email					
Bank Name/Branch		Contact		Phone					
Trade Reference#1	OCEAN RED GLOBAL BUSINESS	Contact	RONALD ESCALONA	Phone (407) 715	5-2621				
Trade Reference#2	BVN TELECOM GROUP	Contact	JUAN LOGREIRA	Phone (305) 308	3-3856				
Trade Reference#3	INTERNATIONAL CAPITAL	Contact	RAUL LOPEZ	Phone (786) 251	L-2394				
	MGT	_							

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.

6'	D.C. L. J. M	TAIDO DADU ONIA ID	D. I.	00/24/2016
Signature#1	Printed Name	JAIRO BABILONIA JR	Date	08/24/2016