MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Salon Anaj		Le	gal Name	Salon Anaj		
Type of Business		Hairsalon		 Та	x ID	47-5478039		Sole Prop
Full Business Addre	SS	909 FM 517 Rd E	Ste. C	_			_	
Full Billing Address								
Phone at Location		(281) 967-7379			Best Phone (281)	910-3512	Fax	
Business Email		Salonanaj@gmail.com			Website	Www.salonanaj.com		
Years In Business		1	Average Tick	et		Gross Annual S	Sales 100,000.00	
Do you currently ha	ave cash a	advance?	No Wi	ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Volu	me	
Last Month Vol.		#of Tio	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tid	ckets		4th Month Vol.		#of Tickets	
Owner #1 Name	Jana Neal	у		Title	owner			
Date of Birth	12-29-197	75		SSN	457-67-96	78		
Full Home Address	213 Silve	rbrook Lane, Dickir	son, TX 77539					
Home Phone	(281) 910)-3512 Cell	Phone (281) 910-3	512 Email	jananea	ly@gmail.com	
Own/Rent	\$ 0 Rent	Yea	rs There 1	D	rivers Lience # 01	1800529	State Texas	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address		Call	Dhana		F!!			
Home Phone			Phone		Email		Chaha	
Own/Rent	\$		rs There	U	rivers Lience #		State	
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>Jo</u>	hn Knecht DPM			Conta	ct .	Cathy Knecht	
Contact Phone	<u>(4</u>	109) 256-7198	Cell	<u>(4</u>	09) 256-7198	Email		
Bank Name/Branch	Chase		Contact			Phone	(281) 337-9034	
Trade Reference#1	Erica Tr	ejo	Contact	Princess	Professional	Phone	(281) 889-6677	
Trade Reference#2	Terrie P	orras	Contact	Alternat Associat	ive Health es	Phone	(281) 309-0402	
Trade Reference#3	Hilda Sa	anders	Contact	Blinks La	ash Studio	Phone	(832) 561-1873	

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Jana Nealy	Date	07/28/2016