MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Jolis
--------------	---

DBA Name	The Candle Factory			ory	Legal Name		The Candle factory					
Type of Business	candle manufacturer		urer	Tax ID		46-3292017		_	Corp			
Full Business Addre	SS	4775 s	outterfield	#175								
Full Billing Address												
Phone at Location	ocation (520) 207-6178			Best Phone		hone	Fax					
Business Email		sdcandles@aol.com		om	Website		candlefactorytucson					
Years In Business		30		Average Tic	ket			Gross Anı	nual Sales	800	,000.00	
Do you currently ha	ave cas	h advance	?	Yes V	Vith who? :	superi	or and yellov	vstone		Balance	400.00 and 18500.00	
Current Credit Card	l Proces	ssor				_	Average F	Processing	Volume			
Last Month Vol.			#of Tick	ets		2nd	Month Vol.		#	of Ticke	ets	
3rd Month Vol.			#of Tick	ets		4th I	Month Vol.		#	of Ticke	ets	
Owner #1 Name	Christir	na Cooper			Title	e	owner/oper	ator				
Date of Birth	122066	6			SSN	J.	559-37-552	22				
Full Home Address	8541 s	triangle o ra	anch pl									
Home Phone	(520) 3	305-2044	Cell P	hone			Email	SC	lcandles@ac	ol.com		
Own/Rent	\$ <u>0 O</u>	wn	Years	There		Drivers	_ Lience #	_	Stat	:e		
Owner #2 Name					Title	е						
Date of Birth					SSN	N.						
Full Home Address												
Home Phone			Cell P	hone			Email —	_				
Own/Rent	\$		Years	There		Drivers	Lience #		Stat	:e		
Business Home Bas	ed? _	No	Location	: Lease/Own	Leased	d	Lease Term	ı	N	lonthly	Rent	
Landlord / Mortgage	e Co.	larsen an	d baker				Contac	ct				
Contact Phone		(520) 296	-2000	_ Cel	l _			_ E	mail			
Bank Name/Branch	bank	of america	l	Contact				Phon	e			
Trade Reference#1				Contact				- Phon	e			
Trade Reference#2				Contact				– Phon	e			
Trade Reference#3				- Contact				– Phon	e			
I hereby represent that all tauthorize you to whom this will provide financial state authorize Money Works Dispute the representation of the state o	s applicat ments, ta rect, Inc.	tion is made o ax returns, eto to receive pe	r your agents c. as you dee rtinet informa	s to investigate m necessary. A ation regarding t	my/our financ photocopy of the commerci	ial respo f this aut ial lease	nsibility and cre horization will be for the above re	edit worthine be deemed a eferenced loo	ss, specifically s acceptable cation from m	y principa for releas y leasing	I and corporate er e of credit informa company and or a	ntities, and ation. I/We agent. I/we

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	Christina Cooper	Date	06/29/2017
-------------	--------------	------------------	------	------------