	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	Holitic Garden		en	Legal Name		Holitic Garden wellness service llc		
Type of Business		Wellness sei	vice	Ta	ax ID	EIN 81-447233	37	LLC
Full Business Addre	SS	2421 Ala wai	blvd 1004					
Full Billing Address								
Phone at Location		(808) 554-6791			Best Phone (808) 554		Fax	
Business Email		happyjolisticgarden@gmail.co		com	Website	happyholisticgarden.com		
Years In Business		2015	Average T	icket		Gross Annual S	ales <u>22,000.00</u>	
Do you currently ha	ave cash	advance?	No	With who? _			Balance	
Current Credit Card	l Process	or			_ Average	Processing Volu	me	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Mika Ald	-		Title				
Date of Birth	0512196			SSN	791-op-54	55		
Full Home Address		wai blvd 1004						
Home Phone	(808) 92		Cell Phone	(808) 554-6		happym	ica0512@gmail.com	
Own/Rent	\$ <u>0 Rer</u>	nt	Years There 8	3085546791 D	rivers Lience # H	01311587	StateHi	
Owner #2 Name				Title				
Date of Birth				— SSN				
Full Home Address				_				
Home Phone		(Cell Phone		Email			
Own/Rent	\$		Years There _	D	rivers Lience #	_	State	
Business Home Bas	od2	No Loca	ation: Losso/Ow	n Leased	Lease Terr	<u> </u>	Monthly Rent	
			ition: Lease/Ow	II Leaseu	Lease ren	-		
Landlord / Mortgage	e Co. <u>/</u>	Allure usa inv			Conta	oct <u>(</u>	Cheko ito	
Contact Phone	<u>(</u>	808) 922-0700	<u> </u>	ell <u>(</u> 8	308) 745-5461	Email	Syisyu.hawaii@	gmail.com
Bank Name/Branch			Contac	t		Phone		
Trade Reference#1			 Contac	t		Phone		
Trade Reference#2			 Contac	 t		Phone		
Trade Reference#3			Contac	t		Phone		

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	Mika Aldan	Date	07/23/2018