MoneyWorks >>	Sales Rep: Joe

DBA Name		Hair by	kiss Inc		16	enal	l Name	Hair by kiss			
Type of Business		Hair by kiss Inc  Hair salon			Tax ID		274403116			Corp	
Full Business Addre	icc	67 holly			1	ux II	D	274403110			Согр
Full Billing Address	.33	O7 Holly	woog pi								
Phone at Location		(516) 6	39-6818			Res	t Phone		Fax		
Business Email		(020)					Website		Tun		
Years In Business		12		Average Tic	ket			Gross Annua	l Sales	100,000.0	00
Do you currently ha	ave cash a			_	 Vith who?						
Current Credit Card					_			Processing Vo	_		
	11000550	J1	#of Tick	ots.		- -	_	rocessing ve		Tickets	
Last Month Vol.			#of Tick				d Month Vol.		_	Tickets	
3rd Month Vol.			#of Tick	ets		4tl	h Month Vol.		_ #of	Tickets	
Owner #1 Name	Paulo Kriz	zanovski			Title	<u> </u>	Vice presid	ent			
Date of Birth	09-09-19	69			SSN		713-89-620	)2			
Full Home Address	67 Hollyw	vood Place					•				
Home Phone	(516) 639	9-6818	Cell P	hone			Email	brand	1969@aol.	com	
Own/Rent	\$ 0 Ren	t	Years	There	D	rive	rs Lience #		State	NY	
Owner #2 Name	Martin Kis	SS			Title	<u>;</u>	President				
Date of Birth					SSN						
Full Home Address							·				
Home Phone			Cell P	hone -			Email				
Own/Rent	\$ Own		_ Years	There	D	rive	rs Lience #		State	NY	
Business Home Bas	sed?	No	Location	: Lease/Own	Leased	l	Lease Tern	າ	Mor	nthly Rent	1,800.00
Landlord / Mortgage	e Co. <u>J</u> a	ag salon					Conta	ct	Taylor		
Contact Phone	(6	531) 923-	2110	Cell	_			_ Ema	il _		
Bank Name/Branch				Contact				Phone			
Trade Reference#1				- Contact				– Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact	-			– Phone			
I hereby represent that all	the above in	formation is	true and un	derstand that ma	aking false sta	ateme	ents might be cons	idered fraud. By p	providing the	above informa	ition, 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 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	Paulo Krizanovski	Date	03/04/2019