

DBA Name		TAX LIDER		L	egal Name	YK BUSINESS (CONSULTAN	TS INC
Type of Business		INCOME TA	Х		ax ID	47-3048740	47-3048740	
Full Business Addre	:SS	2610 E FLOR	RENCE AVE HUN	TINGTON PAI	RK CA 90255			
Full Billing Address	- -							
Phone at Location		(213) 909-7	7600		Best Phone (213	909-7600	Fax	(323) 744-2821
Business Email		ykbusiness	_consultants@o	utlook.com	Website			
Years In Business		09	Average	Ticket _		Gross Annual S	Sales <u>11</u>	5,000.00
Do you currently h	ave cash a	advance?	No	With who?			Balanc	e
Current Credit Card	d Processo	or			Average	Processing Volu	me _	
Last Month Vol.	-	#0	of Tickets		2nd Month Vol.		#of Ticl	cets
3rd Month Vol.		#0	of Tickets _		4th Month Vol.		#of Tick	cets
Owner #1 Name	yoselyn le	eon		Titl	e PRESIDEN	IT		
Date of Birth	03/14/199			SSN				
Full Home Address	6534 mar			_				_
Home Phone	(213) 909	-7600	Cell Phone	(213) 909-	7600 Email	ykbusin	ess_consultar	its@outlook.com
Own/Rent	\$ 0 Rent		Years There	2139097600	 Drivers Lience # Y		State	California
					_			
Owner #2 Name				Title	е			
Date of Birth				 SSN	١			
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Orivers Lience # _		_State	
Business Home Bas	sed?	No Loc	cation: Lease/Ov	wn <u>Lease</u>	d Lease Ter	m <u>2020</u>	Monthly	Rent 2,800.00
Landlord / Mortgage	e Co				Conta	act _		
Contact Phone				Cell _		Email		
Bank Name/Branch	CITI BAN	NK .	Conta	ct HUNTIN	IGTON PARK	Phone		
Trade Reference#1			Conta	ct		Phone		
Trade Reference#2			Conta	ct		Phone		
Trade Reference#3			Conta	ct		Phone		
I hereby represent that all	the above inf	formation is true	and understand tha	t making false st	atements might be cor	nsidered fraud. By prov	viding the abov	e information, 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 Nam	e ANTONIO KAWAGUCHI Da	te 09/27/2017
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