

DBA Name	Lovely Nails & Spa		Legal Name	Lovely Nails & Spa	
Type of Business	Nails salon		Tax ID	93-1155499	Sole Prop
Full Business Address	2092 NW Stucki Ave Hillsboro OR 97124				
Full Billing Address					
Phone at Location	(503) 352-4758	Best Phone	(971) 506-1450	Fax	
Business Email	Mychibui@hotmail.com		Website	www.lovelynails-spa.com	
Years In Business	2 yr	Average Ticket		Gross Annual Sales	300,000.00
Do you currently have cash advance?	Yes	With who?	Lcf, wide,ein,merchant,empire,yellowstone.		Balance 60,000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
				#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.	
				#of Tickets	

Owner #1 Name	My Chi Bui		Title	Owner	
Date of Birth	01/02/1974		SSN	535-25-6935	
Full Home Address	1773 SW Harvey Way Beaverton OR 97003				
Home Phone	(971) 506-1450	Cell Phone	(971) 506-1450	Email	mychibui@hotmail.com
Own/Rent	\$ 0 Own	Years There	9715061450	Drivers Lience #	8849932
				State	Oregon
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Cornell Corners, LLC			Contact	Tom Gibson
Contact Phone	(541) 465-1600	Cell		Email	

Bank Name/Branch	Chase	Contact		Phone	
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	My Chi Bui	Date	10/05/2016
-------------	--------------	------------	------	------------