

DBA Name		Beauty M	ax		Le	egal Name	KI	PI 1 LLC			
Type of Business		Beauty S	upply		T	ax ID	46	6-5694813			Corp
Full Business Addre	SS	228 Eastwa	ay dr. suite	2 charlott	te NC 282	13					
Full Billing Address											
Phone at Location		(704) 494	1-4353			Best Phone <u>(</u>	704) 49	4-4353	Fax		
Business Email		jeffkim11	11@gmail.d	com		Website	_				
Years In Business		4	Ave	erage Tick	cet		Gr	oss Annual	Sales	500,000.00	
Do you currently ha	ave cash	advance?	No	W	ith who? _				Bala	nce	
Current Credit Card	d Processo	or				Avera	age Pro	cessing Vol	ume		
Last Month Vol.			of Tickets			2nd Month V	/ol		#of 7	Tickets	
3rd Month Vol.			of Tickets			4th Month V	ol		#of 7	Tickets	
Owner #1 Name	loffroy Vi	m			Title	Presid	ont				
Date of Birth	Jeffrey Ki				SSN		8-9857				
Full Home Address			charlotte NC	20215	2211		0-9037				
Home Phone	(678) 790		Cell Phone			Email		ichoi k	pi@gmail.co	.m	
			_	_			00004	-			
Own/Rent	\$ <u>0 Ren</u>	<u> </u>	Years The	ere <u>4</u>	D	rivers Lience #	00004	19213312	State	NC	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone	<u> </u>		Email					
Own/Rent	\$		— Years The	ere	D	rivers Lience #			State		
Business Home Bas	ed?	No L	ocation: Lea	ase/Own	Leased	Lease ⁻	Term		Mont	hly Rent	
			ocaciom Ec	250,01111				_		ing ricine	
Landlord / Mortgage	e Co					C	ontact				
Contact Phone	_			Cell	_			Email			
Bank Name/Branch	NOA BA	NK		Contact	470514	1988		Phone	(470) 51	4-1988	
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 tr	ue and underst	and that mal	king false sta	tements might he	consider	ed fraud. By pr	oviding the a	hove information	on, 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 Jeffrey K	im Date	08/16/2017
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