

DBA Name	Polynesian Ink Tattoo Studio		Legal Name	Polynesian Ink Tattoo Studio	
Type of Business	Tattoo Shop		Tax ID	603588117	Sole Prop
Full Business Address	3320 E Fourth Plain Blvd Ste F				
Full Billing Address					
Phone at Location	(360) 314-6023		Best Phone	(503) 508-7515	Fax
Business Email	polynesianinktattoostudio@gmail.com		Website		
Years In Business	1	Average Ticket		Gross Annual Sales	54,000.00
Do you currently have cash advance?	No	With who?	Polynesian Ink Tattoo Studio		Balance
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		# of Tickets		2nd Month Vol.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

Owner #1 Name	Maava Fuatagavi Jr		Title	Co Owner	
Date of Birth	10-26-1976		SSN	576-33-0986	
Full Home Address	3111 Norris Rd				
Home Phone	(503) 508-7515	Cell Phone	(503) 508-7515	Email	polynesianinktattoostudio@gmail.com
Own/Rent	\$ 0 Rent	Years There	5035087515	Drivers Lience #	S00071425 State HI
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	Monthly Rent	685.00
Landlord / Mortgage Co.	TMG Property Management			Contact	Amanda Zodrow		
Contact Phone	(360) 397-0334	Cell		Email	amanda.zodrow@tmgnorthwest.com		

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 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

Maava Fuatagavi Jr

Date

03/10/2017