MoneyWorks >> Dir	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Mike
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DBA Name		Yoel Calvo			Le	gal Name	Yj fashion boutiqu	e		
Type of Business		Boutique			Tax ID		2380166466851		_	LLC
Full Business Addre	ess	7193 sw 8 st m	iami							
Full Billing Address		_								
Phone at Location	(305) 748-1827				Best Phone			Fax		
Business Email					Website		Www.yoelfashion.com			
Years In Business		3	Average	Ticket			Gross Annual Sales	26	0,000.00	
Do you currently h	ave cash a	idvance?	No	With wh	io?			Balanc	e	
Current Credit Card	d Processo	r				Average	Processing Volume	_		
Last Month Vol.		#of T	ickets _			2nd Month Vol.		#of Tick	cets	
3rd Month Vol.		#of T	ickets _		_	4th Month Vol.		#of Tick	cets	
Owner #1 Name	Yoel Calvo	)			Title	Mr				
Date of Birth	27-03-199	95			SSN	771-52-31	46			
Full Home Address	255 Sw									
Home Phone	(305) 748	-1827 Ce	II Phone			Email	yoel786@ya	hoo.com		
Own/Rent	\$ 0 Own	Ye	ears There	3	Dr	ivers Lience #	St	ate	FL	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone		Ce	ll Phone			Email				
Own/Rent	\$	Ye	ears There		Dr	ivers Lience #	St	ate		-
Business Home Bas	sed?	No Locati	on: Lease/O	wn <u>Lea</u>	sed	Lease Terr	n	Monthly	Rent	
Landlord / Mortgag	e Co				_	Conta	ct			
Contact Phone				Cell			Email			
Bank Name/Branch			Conta	ct			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	ormation is true and	understand tha	nt making fals	se state	ements might be cons	sidered fraud. By providing	the above	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 Name	Yoel Calvo	Date	01/25/2018