Money Works Direct ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.58	309
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DBA Name		Anh V Le Top Nails and Spa L			egal Name	Ton Nails &	Sna	
Type of Business Nails Salon					ax ID	Top Nails & Spa EIN 81-2253405		Sole Prop
Full Business Addre						LIN 01-2255	403	Jole Flop
	SS	79033 nignway	y III Suite I	.03&104,1a qui	III.a Ca 92255			
Full Billing Address		(760) 775 00	22		D+ Db /71 /	\ 212.0522		
Phone at Location		(760) 775-93	33		Best Phone (714	.) 213-0523	Fax	
Business Email					Website		220.000.00	
Years In Business		7mos	Average	_		Gross Annua	<u></u> -	
Do you currently h	ave cash	advance?	Yes	With who? _			Balance <u>14500</u>	
Current Credit Card	d Process	sor			_ Average	Processing Vo	lume	
Last Month Vol.		#of ⁻	Tickets _		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of ⁻	Tickets _		4th Month Vol.		#of Tickets	
Owner #1 Name	A L			T:H -	0			
	Anh Le 10/14/1	001		Title		107		
Date of Birth Full Home Address		lesert sand court,la	a quinta ca 02	SSN		707		
Home Phone	(714) 21		ell Phone	(714) 213-0	 0523 Email	iornal	aquinta2014@gmail.com	
								
Own/Rent	\$ <u>0 Re</u>	iil Y	ears There	7 years D	Privers Lience # $\frac{\Gamma}{\Gamma}$	06002546	State <u>CA</u>	
Owner #2 Name				Title	<u> </u>			
Date of Birth				SSN				
Full Home Address								
Home Phone		C	ell Phone		Email			
Own/Rent	\$	Y	ears There		 Drivers Lience #	-	State	
					_			
Business Home Bas	ed?	No Locat	tion: Lease/C	Own <u>Leased</u>	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co.	CSRA Komar De	sert Ctr		Conta	act	Robin Coulson	
Contact Phone	-	(760) 399-6328		Cell _		Ema	il	
Bank Name/Branch	Wellsf	argo bank	Conta	act		Phone	(760) 771-1007	
Trade Reference#1			 Conta	act		— Phone		
Trade Reference#2			 Conta	act		— Phone		_
Trade Reference#3			Conta	act		Phone		
I hereby represent that all	the above	information is true an	id understand th	nat making false sta	atements might be con	 usidered fraud. By r	providing the above information	on the annlicant(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	Anh Le	Date	11/02/2016