

DBA Name		Candelores	Barking Beaut	ies I	Legal Name	Norman Candel	ore	
Type of Business		-	et Grooming)		Tax ID	47-2909520		Sole Prop
		605 Scener						
Full Billing Address			,					
Phone at Location		(412) 872-5550			Best Phone (72	4) 579-0703	Fax	
Business Email		norm@candeloresbarkingbea		peauties.com			candeloresbarkingbeauties.com	
Years In Business		3 Average		Ticket		Gross Annual Sa	les <u>680,000.00</u>	
Do you currently h	ave cash a	advance?	No	With who?			Balance	
Current Credit Card Processor		or			Averag	e Processing Volum	e	
Last Month Vol.		#	of Tickets		2nd Month Vol		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol		#of Tickets	
Owner #1 Name	Norman (Candelore		Titl	e Owner			
Date of Birth	02181957	02181957			N 200-50-4	1237		
Full Home Address	513 Gala	513 Gala Drive						
Home Phone	(724) 579	9-0703	Cell Phone	(724) 579-	-0703 Email	norm@cai	ndeloresbarkingbeauti	es.com
Own/Rent	\$ <u>0 Own</u>	1	Years There	6	Drivers Lience #	17627390	State Pa	
Owner #2 Name				Titl	e			
Date of Birth				SSI	N			
Full Home Address								
Home Phone			Cell Phone		Email			_
Own/Rent	\$		Years There		Drivers Lience #		State	
Business Home Bas	sed?	No Lo	cation: Lease/O	wn Lease	d Lease Te	rm	Monthly Rent	
Landlord / Mortgag	e Co. D	an Poirier			Con	tact <u>D</u> a	an Poirier	
Contact Phone	(4	112) 400-13	92	Cell <u>(</u>	412) 400-1392	Email		
Bank Name/Branch	North W	/est Bank	Conta	act Carol		Phone (4	412) 754-2661	
Trade Reference#1 NO Debt		 Conta	act		— — — Phone			
Trade Reference#2			 Conta	act		 Phone		
Trade Reference#3			Conta			Phone		
I hereby represent that all	the above in	formation is true	e and understand the	at making false st	atements might be co	onsidered fraud. By provid	ling the above 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 !/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. !/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	Norman Candelore	Date	04/18/2018