MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Luciano

DBA Name		My Chi	Thi Bui		Le	egal Name	Z	en nails & spa		
Type of Business		Nails sa	lon		 Та	ax ID	84	4 214 1379		Sole Prop
Full Business Addre	SS	14845 sv	w murray s	scholls dr 10)7					
Full Billing Address										
Phone at Location		(503) 5	79-1446			Best Phone	(971) 50)6-0611 F	ax	
Business Email		Maryba	nh1974@	gmail.com		Website				
Years In Business		2		Average Tic	ket		Gr	ross Annual Sales	30,000.00	
Do you currently ha	ave cash	advance?		No V	With who? _				Balance	
Current Credit Card	d Process	sor						cessing Volume		
Last Month Vol.			#of Ticke	ets		2nd Month	Vol.		#of Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month	Vol		#of Tickets	
Owner #1 Name	My Chi E				Title					
Date of Birth	01/02/19				SSN	535-	25-6935			
Full Home Address	7936 ne	miriam wa	у							
Home Phone	(971) 50	06-0611	Cell Ph	hone	(971) 506-0	611 Ema	il	marybanh19	74@gmail.com	
Own/Rent	\$ <u>0 Ow</u>	'n	Years	There 2	D	rivers Lience	# 87499	932 Sta	ate OR	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Ph	hone		Ema	il			
Own/Rent	\$		_ Years	There	D	rivers Lience	#	Sta		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease	e Term		Monthly Rent	
Landlord / Mortgage	e Co. <u> </u>	Mandy				(Contact			
Contact Phone	<u>.</u>	(971) 865-	6004	_ Cel	I _			Email		
Bank Name/Branch	Advant	tis CU		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 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	My Chi Bui	Date	01/24/2020