Money	Morks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
IVIOLICY	VVOINS	Sales Rep: Adrian

DDA N		lle e e cote o	C-			1.51	III to - C -		
DBA Name		Ibeauty Co			al Name	Ibeauty Co			
		wholesa			Tax	ID	821974320		LLC
Full Business Addre	!SS	12100 Pa	rk Street						
Full Billing Address									
Phone at Location (-	(888) 236-6811		Be	st Phone <u>(657)</u>) 250-1531 Fax		
Business Email		info@duoscosmetics.com		n	Website		www.duoscosmetics.com		
Years In Business		2 Average Ticket				Gross Annual Sales 80,000.00)	
Do you currently h	ave cash	advance?	No	With	who?			Balance	
Current Credit Card	or				Average	Processing Volum	e		
Last Month Vol.			#of Tickets		2	nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets		4	th Month Vol.		#of Tickets	
Owner #1 Name	Rachael \	ſi			Title	CEO			
Date of Birth	02/22/19	96			SSN	611-88-57	16		
Full Home Address	9441 imp	erial ave							
Home Phone	(657) 250)-1531	Cell Phone			Email	info@duos	scosmetics.com	
Own/Rent	\$ 0 Ren	t	Years There	4	Driv	 ers Lience # _ <u>F</u> 4	1705533	State <u>ca</u>	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Phone			Email			
Own/Rent	\$		Years There		Driv	ers Lience #		State	
Business Home Bas	sed?	No	Location: Lease,	/Own <u>l</u>	_eased	Lease Terr	n 30 months	Monthly Rent	2,419.00
Landlord / Mortgag	e Co					Conta	ct		
Contact Phone	_			Cell			Email		
Bank Name/Branch	Bank of	Норе	Con	tact			Phone		
Trade Reference#1	ULINE	<u> </u>	Con	tact			Phone		
Trade Reference#2			Con	tact			Phone		
Trade Reference#3			Con	tact			Phone		
I hereby represent that all	the above in	formation is t	true and understand	that making	false stater	ments might be cons	sidered fraud. By provid	ling the above informa	tion, 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	Rachael Yi	Date	02/06/2019