MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
woney works	Sales Rep: Julian

DBA Name		Eyebrowa	arts		Legal	Name	A & A Beauty S	Salon		
Type of Business	Business beauty Salon			Tax ID		46-2317622			Corp	
Full Business Addre	:SS	1714 Preci	inct Line Rd Ste	# 600 Hurs	 st 76054				_	
Full Billing Address										
Phone at Location		(817) 283	1-0133		Best	Phone (817) 262-0997	Fax		
Business Email					<u> </u>	Website			-	
Years In Business		5	Average	e Ticket			Gross Annual S	ales <u>19</u>	00,000.00	
Do you currently h	ave cash a	advance?	Yes	With w	ho? Simp	oly Funding		Baland	e <u>19500</u>	
Current Credit Card	d Processo	or				Average	Processing Volu	me _		
Last Month Vol.			#of Tickets		2n	d Month Vol.		#of Tic	kets	
3rd Month Vol.			#of Tickets		4tl	n Month Vol.		#of Tic	kets	
O #1 No	li a a al o osa a	Dawah			T:41 -	0				
Owner #1 Name Date of Birth	Jigarkuma 14-08-198				Title SSN	Owner 	:11			
Full Home Address	-	ny Royal Dr			SSIN		,11			
Home Phone	(817) 262		Cell Phone			Email	ligarbar	ot81@yahoo.	com	
Own/Rent	\$ 0 Own		Years There	10	Drive		9143280	State	Texas	
	· 					_				_
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone	-		Email				
Own/Rent	\$		Years There		Drive	rs Lience #		_State		
Business Home Bas	sed?	No L	ocation: Lease/0	Own <u>Le</u>	ased	Lease Terr	m	Monthly	y Rent	
Landlord / Mortgag	e Co					Conta	act _			
Contact Phone				Cell			Email			
Bank Name/Branch			Cont	act			Phone			
Trade Reference#1			Cont	act			Phone			
Trade Reference#2			Cont	act			Phone			
Trade Reference#3			Cont	act			Phone			
I hereby represent that all	the above in	formation is tr	ue and understand th	nat making fa	lse stateme	ents might be con	sidered fraud. By prov	viding the abov	ve information, the	e 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	Jigar Barot	Date	06/07/2018