Money	/Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Frank

DBA Name	ne Sylvia M Cedil			Cedillo Le		gal Name	Nev	New concept beauty salon 32038101500		
Type of Business Be		Beauty	Beauty Salon		Tax ID		320			
Full Business Addre	SS	3380 Ru	ben Torre	s Blvd						
Full Billing Address										
Phone at Location		(956) 5	54-9734		E	Best Phone (95	56) 455-	2764	Fax	
Business Email						Website				
Years In Business		4		Average Tic	ket		Gros	ss Annual Sa	les <u>220,000.0</u>	00
Do you currently ha	ave casl	n advance?		No V	Vith who? _				Balance	
Current Credit Card	l Proces	sor				Averaç	ge Proce	essing Volum	e	
Last Month Vol.			#of Tick	ets		2nd Month Vo	ol		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vo	ol		#of Tickets	
Owner #1 Name	Sylvia (Cedillo			Title	Owner I	Hairstylis	t		
Date of Birth	02/09/1	.976			SSN	450-79-	-5910			
Full Home Address	6219 Y	era St								
Home Phone	(956) 4	55-2764	Cell P	hone		Email		newconce	pt1976@yahoo.con	n
Own/Rent	\$ 0 Re	ent	Years	There 4	D	rivers Lience #	044558	80	State <u>1418</u>	176
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell P	-		Email				
Own/Rent	\$		_ Years	There	D	rivers Lience #			State	
Business Home Bas	ed?	No	Location	: Lease/Own	Leased	Lease Te	erm	Release agi 3 yrs	n Monthly Rent	1,200.00
Landlord / Mortgage	e Co.	Greenway	RGV			Cor	ntact	El	ena Monroy	
Contact Phone		(956) 592-	6988	_ Cel	_			Email		
Bank Name/Branch	Chase	<u>.</u>		Contact				Phone		
Trade Reference#1				- Contact				Phone —		
Trade Reference#2				- Contact				Phone —		
Trade Reference#3				- Contact				Phone		
I hereby represent that all authorize you to whom this will provide financial state	s applicat	ion is made or	your agents	s to investigate r	ny/our financi	al responsibility and	nd credit w	orthiness, specif	ically principal and co	rporate entities, and

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	Sylvia Cedillo	Date	12/04/2016