

DBA Name		Complete Trinity Colon Hydrotherapy			apy Legal	Name	Complete Trinity Colon Hydrotherapy			
Type of Business		Service			Tax ID		80-07252705		Sole Prop	
Full Business Addre	SS	4418 Vinela	nd Ave. #123	, Toluca La	ake, CA 91	602				
Full Billing Address										
Phone at Location		(818) 579-4799			Best	Phone (818)	983-3383	Fax		
Business Email		diana@completetrinity.com			Website		www.completetrinity.com			
Years In Business	5		Averag	Average Ticket			Gross Annual Sales 100,000.00			
Do you currently ha	ave cash	advance?	Yes	With v	who? Rapid	d Capital		Balance	6000	
Current Credit Card	d Processo	or				Average	Processing Volu	me		
Last Month Vol.		#	of Tickets		2nd	d Month Vol.		#of Tick	ets	
3rd Month Vol.		#	of Tickets		4th	Month Vol.		#of Tick	ets	
	D' 6					0 5				
Owner #1 Name	Diana Sm				Title	Owner/The	•			
Date of Birth	09-15-19				SSN	571-77-07	11			
Full Home Address			tudio City, CA 9							
Home Phone	(818) 927	7-4047	Cell Phone	(818	) 983-3383	Email —	diana@	completetrinity	v.com	
Own/Rent	\$ <u>0 Ren</u>	<u>t                                    </u>	Years There	3	Driver	s Lience # A7	7106683	State	California	_
Owner #2 Name					Title					
Date of Birth					SSN	-				
Full Home Address										
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Driver	s Lience #		State		_
Business Home Bas	ed?	No Lo	cation: Lease,	'Own L	eased	Lease Tern	n	Monthly	Rent	
Landlord / Mortgage						— Conta	ct	Ken Ross		
Contact Phone	(8	818) 766-39	96	Cell			Email			
Bank Name/Branch			Con	tact			Phone			
Trade Reference#1			Con	tact			 Phone			
Trade Reference#2			Con	tact			– Phone			
Trade Reference#3			Con	tact			– Phone			
I hereby represent that all	the above in	nformation is tru	e and understand	that making f	false stateme	nts might be cons	idered fraud. By pro	viding the above	information t	he 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	Diana Smih	Date	01/30/2017