

DBA Name	Massage Xcape, Xcape Wellness Studios		Legal Name	Massage Xcape LLC	
Type of Business	Massage and Wellness Studio		Tax ID	460675476	LLC
Full Business Address	1767 Lexington Ave. North				
Full Billing Address					
Phone at Location	(651) 964-1112		Best Phone	(612) 281-1326	Fax (763) 767-0987
Business Email	samuelb591@gmail.com		Website	MassageXcape.com XcapeStudios.com	
Years In Business	5	Average Ticket		Gross Annual Sales	563,000.00
Do you currently have cash advance?	Yes	With who?	On Deck, Other unknown		Balance 17000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Samuel Beard		Title	CEO	
Date of Birth	08201972		SSN	474-86-4973	
Full Home Address	13048 Avocet Street				
Home Phone	(763) 767-0987	Cell Phone	(612) 281-1326	Email	samuelb591@gmail.com
Own/Rent	\$ 0 Own	Years There	6122811326	Drivers Lience #	R238100680513 State Minnesota
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Pastor Properties			Contact	Mary Jane Witros
Contact Phone	(651) 646-7901	Cell		Email	

Bank Name/Branch	Bremer Bank	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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Samuel Beard	Date	05/25/2017
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