	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name <u>Lux</u>		Luxury s	Luxury styles		egal Name	Luxury styles		
Type of Business		Spa		T	ax ID	461027626		Corp
Full Business Addre	SS	808 Forre	est st					
Full Billing Address		-						
Phone at Location		(731) 618-9316		Best Phone			Fax	
Business Email	Luxurystyles30@gmail.com		Website					
Years In Business		4	Average Tid	cket _		Gross Annual Sa	les <u>12,001.00</u>	
Do you currently ha	ave cash a	advance?	Yes	With who? <u>I</u>	Manis funding		Balance 2000	
Current Credit Card	l Processo	or			_ Average	Processing Volum	e	
Last Month Vol.			#of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets		4th Month Vol.		#of Tickets _	
Owner #1 Name	Latoya Fo	owlkes		Title	e 100% own	ner		
Date of Birth	12/29/19			- SSN	-)29		
Full Home Address	420 gree	nway		-	-			
Home Phone	(731) 618	3-9316	Cell Phone		Email	latoyafow	lkes26@gmail.com	
Own/Rent	\$ 0 Ren	t	Years There		orivers Lience #	State		
Owner #2 Name				Title				
Date of Birth				SSN -				
Full Home Address								
Home Phone		Cell Phone		Email				
Own/Rent	\$		Years There		rivers Lience # _		State	
Business Home Bas	ed?	No	Location: Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co				Conta	act		
Contact Phone	_		Ce	II _		Email	<u>-</u>	
Bank Name/Branch			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 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	Latoya Fowlkes	Date	03/13/2018
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