MoneyWorks >> Direct	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Kyle
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Tax   D   Pour   Pou	DBA Name		Sweet Professio	nal	Lega	al Name	1975		
Phone at Location	Type of Business				Tax	ID	46-4222685	46-4222685	
Phone at Location	Full Business Addre	ss <u>:</u>	27450 Jasmine A	venue	_		_	_	
Business Email   getsugared@live.com	Full Billing Address								
Years In Business         4         Average Ticket         Gross Annual Sales         136,000.00           Do you currently have cash advance?         Yes         With who? Swift Capital         Balance \$7,000           Current Credit Card Processor         Average Processing Volume         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         Catherine Kooiman         Title         CEO           Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Home Phone         (949) 943-7544         Email         getsugared@live.com           Own/Rent         \$ 0 Own         Years There         9499437544         Drivers Lience # A8773255         State         CA           Own/Rent # 2 Name         Cell Phone         Email         SSN         SSN         SSN         SSN         SSN         State         CA         CA         Drivers Lience # A8773255         State         CA         CA         SSN         SSN         Email         Contact         Contact         Contact         Contact         Contact         Contact<	Phone at Location		(949) 943-7544		Bes	st Phone (949	943-7544	Fax	
Do you currently have cash advance?   Yes   With who?   Swift Capital   Balance \$7,000	Business Email		getsugared@liv	e.com		Website	sweetprofess	sional.com	
Current Credit Card 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         Catherine Kooiman         Title         CEO           Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Home Phone         (949) 943-7544         Email         getsugared@live.com           Own/Rent         \$ 0 Own         Years There         9499-437544         Drivers Lience # A8773255         State         CA           Own/Rent #2 Name         Title         SSN         SSN         SSN         Full Home Address         SSN         Full Home Address         SSN         SSN         SSN         SSN         Full Home Address         SSN         Full Home Address         SSN         Full Home Address         SSN         SSN         SSN         SSN         SSN         SSN         SSN         SSN         Full Home Address         Full Home Address         SSN         Full Home Address         SSN         Full Home Address         State         Contact More Address         State         Contact Drivers Lience # State         State <td< td=""><td>Years In Business</td><td><u>-</u></td><td>4</td><td>Average Tick</td><td>ket</td><td></td><td>Gross Annual</td><td>Sales <u>136,000</u>.</td><td>00</td></td<>	Years In Business	<u>-</u>	4	Average Tick	ket		Gross Annual	Sales <u>136,000</u> .	00
Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           Owner #1 Name         Catherine Kooiman         Title         CEO           Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Home Phone         (949) 943-7544         Email         getsugared@live.com           Own/Rent         \$ 0 Own         Years There         9499437544         Drivers Lience # A8773255         State         CA           Owner #2 Name         Title         SSN         SSN         SSN         SSN           Full Home Address         SSN         SSN         SSN         SSN         SSN         CA         Own/Rent         SSN	Do you currently ha	ave cash a	dvance?	Yes W	ith who? <u>Swi</u>	ft Capital		Balance \$7,0	00
Owner #1 Name         Catherine Kooiman         Title         CEO           Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Full Home Address         1 Email         getsugared@live.com           Home Phone         (949) 943-7544         Cell Phone         (949) 943-7544         Email         getsugared@live.com           Own/Rent         \$ 0 Own         Years There         9499437544         Privers Lience # A8773255         State         CA           Own/Rent         Cell Phone         Email         SSN         SSN         SSN         SSN         SSN         SSN         CA         SSN         SSN         CA         SSN         SSN         CA         SSN	Current Credit Card	l Processo	r			Average	Processing Vol	lume	
Owner #1 Name         Catherine Kooiman         Title         CEO           Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Home Phone         (949) 943-7544         Cell Phone         (949) 943-7544         Email         getsugared@live.com           Own/Rent         \$ 0 Own         Years There         9499437544         Drivers Lience # A8773255         State CA           Own/Rent         S SSN         SSN         Email           Own/Rent         Years There         Drivers Lience # Bail         State           Business Home Based?         No         Location: Lease/Own         Leased         Lease Term         Monthly Rent           Landlord / Mortgage         Co.         There are none, I operate mobile         Contact         Contact           Bank Name/Branch         Chase Bank         Contact         Phone           Trade Reference#1         Salon Sugar         Contact         Peggy Renfrow         Phone	Last Month Vol.		#of Tic	kets	2ı	nd Month Vol.		#of Tickets	
Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Full Home Address         Email getsugared@live.com           Own/Rent         \$ 0 0wn         Years There         9499437544 Drivers Lience # A8773255 State CA           Owner #2 Name         Title         SSN           Date of Birth         SSN         SSN           Full Home Address         Full Home Address           Home Phone         Cell Phone There         Email           Own/Rent         \$ Years There         Drivers Lience # State           Business Home Baset?         No Location: Lease/Own Leased Lease Term         Monthly Rent           Landlord / Mortgage Co.         There are none, I operate mobile         Contact           Contact Phone         Cell         Email      Bank Name/Branch   Chase Bank   Contact   Peggy Renfrow   Phone   (401) 595-8032	3rd Month Vol.		#of Tic	kets	4	th Month Vol.		#of Tickets	
Date of Birth         01/06/1975         SSN         558-99-8499           Full Home Address         27450 Jasmine Avenue         Full Home Address         Email getsugared@live.com           Own/Rent         \$ 0 0wn         Years There         9499437544 Drivers Lience # A8773255 State CA           Owner #2 Name         Title         SSN           Date of Birth         SSN         SSN           Full Home Address         Full Home Address           Home Phone         Cell Phone There         Email           Own/Rent         \$ Years There         Drivers Lience # State           Business Home Baset?         No Location: Lease/Own Leased Lease Term         Monthly Rent           Landlord / Mortgage Co.         There are none, I operate mobile         Contact           Contact Phone         Cell         Email      Bank Name/Branch   Chase Bank   Contact   Peggy Renfrow   Phone   (401) 595-8032	O #1 No	Cathorino	Vasiman		Title.	CEO			
Full Home Address						-	100		
Home Phone         (949) 943-7544         Cell Phone         (949) 943-7544         Email         getsugared@live.com           Own/Rent         \$ 0 Own         Years There         9499437544         Drivers Lience # A8773255         State         CA           Owner #2 Name         Title         SSN         Full Home Address           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience # Drivers Lience # State         State           Business Home Based?         No         Location: Lease/Own         Leased Lease Term         Monthly Rent           Landlord / Mortgage Co.         There are none, I operate mobile         Contact         Cell         Email           Bank Name/Branch         Chase Bank         Contact         Phone         Fhone           Trade Reference#1         Salon Sugar         Contact         Peggy Renfrow         Phone         (401) 595-8032					3311				
Own/Rent \$ 0 Own Years There 9499437544 Drivers Lience # A8773255 State CA  Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Fmail Own/Rent State  Own/Rent State  Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. There are none, I operate mobile Contact Phone Cell Contact Phone				Phone	(949) 943-754	4 Fmail	aetsud	gared@live.com	
Date of Birth Full Home Address Home Phone Cell Phone Drivers Lience #  Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. There are none, I operate mobile Contact Phone Cell Contact Phone Trade Reference#1 Salon Sugar Contact Peggy Renfrow Phone (401) 595-8032				-	. ,	<del></del>			
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Home Phone	Date of Birth				SSN				
Own/Rent     \$ Years There     Drivers Lience #     State       Business Home Based?     No Location: Lease/Own Leased Lease Term     Monthly Rent       Landlord / Mortgage Co.     There are none, I operate mobile     Contact       Contact Phone     Cell     Email       Bank Name/Branch Chase Bank     Contact     Phone       Trade Reference#1     Salon Sugar     Contact     Peggy Renfrow     Phone     (401) 595-8032	Full Home Address								
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Landlord / Mortgage Co. There are none, I operate mobile Contact  Contact Phone Cell Email  Bank Name/Branch Chase Bank Contact Phone  Trade Reference#1 Salon Sugar Contact Peggy Renfrow Phone (401) 595-8032	Own/Rent	\$	Yea	rs There	Drive	ers Lience # _		State	
Contact Phone Cell Email  Bank Name/Branch Chase Bank Contact Phone Trade Reference#1 Salon Sugar Contact Peggy Renfrow Phone (401) 595-8032	Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Ter	m	Monthly Rent	
Bank Name/Branch Chase Bank Contact Phone Trade Reference#1 Salon Sugar Contact Peggy Renfrow Phone (401) 595-8032	Landlord / Mortgage	e Co. Th	nere are none, I d	perate mobile	<u>!</u>	Conta	act		
Trade Reference#1 Salon Sugar Contact Peggy Renfrow Phone (401) 595-8032	Contact Phone			Cell			Emai	I	
<del></del>	Bank Name/Branch	Chase Ba	ank	Contact			Phone		
	Trade Reference#1	Salon Su	ıgar	— Contact	Peggy Ren	frow	— Phone	(401) 595-8032	
Trade Reference#2 Rose Amezcua Moll Law Contact Rose Amezcua Moll Phone (714) 288-2826	Trade Reference#2	Rose Am	nezcua Moll Law	— Contact	Rose Amez	zcua Moll	— Phone	(714) 288-2826	
Trade Reference#3 GBS and Associates Contact Grace Park Phone (714) 493-6406	Trade Reference#3	GBS and	Associates	Contact	Grace Park	ζ	Phone	(714) 493-6406	

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	Catherine Kooiman	Date	02/22/2017