MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
VIOLEY VOINS	Sales Rep: Mike

DBA Name		Waxing the C	ity	Le	gal Name	waxing iowa	corp	
Type of Business		C Corp		Ta	x ID	46-4617748		Corp
Full Business Addre	ess <u>·</u>	400 e locust st	#104					
Full Billing Address								
Phone at Location		(515) 225-404	15	В	est Phone (515)	238-8469	Fax	
Business Email		jmgast75@icl	oud.com		Website	waxingthecity	.com	
Years In Business	<u>!</u>	5	Average Tick	cet		Gross Annual S	Sales <u>750,000.00</u>	
Do you currently ha	ave cash a	dvance?	No W	ith who? _			Balance	
Current Credit Card	d Processo	r			Average I	Processing Volu	ıme	
Last Month Vol.		#of 7	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of 7	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Jason Gast			Title	owner			
Date of Birth	09-29-197	5		SSN	482-04-965	59		
Full Home Address	400 e locu	ıst st #104						
Home Phone	(515) 238-	-8469 Ce	ell Phone	(515) 238-84	169 Email	jmgast ī	75@icloud.com	
Own/Rent	\$ <u>0 Own</u>	Y	ears There 15	Dr	ivers Lience # g2	30433753490	State florida	
Owner #2 Name				Title				
Date of Birth Full Home Address	-			SSN				
Home Phone		Ce	ell Phone		Email			
Own/Rent	\$		ears There	Dr	ivers Lience #		State	
	<u> </u>	·						
Business Home Bas	sed?	No Locat	ion: Lease/Own	Leased	Lease Term	n	Monthly Rent	
Landlord / Mortgage	e Co. MI	DM Equity			Contac	ct	Rich Eychaner	
Contact Phone	<u>(5</u>	15) 247-2035	Cell	<u>(52</u>	15) 247-2035	Email		
Bank Name/Branch	West Ba	nk	Contact			Phone	(515) 222-2300	
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 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	Jason Gast	Date	12/19/2019