MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name	45-3618278		Legal Name		mallet beauty &sales wholesale. inc			
Type of Business	f Business beauty. wholesale		Tax ID		45-3618278		Corp	
Full Business Addre	SS	222 merric rd						
Full Billing Address								
Phone at Location		(347) 822-3946		Best Phone		Fax		
Business Email		kobirmiah98@	yahoo.com	Website				
Years In Business		7	Average Tick	:ket		Gross Annual Sales	12,000,000.00	
Do you currently ha	ave cash a	advance?	Yes W	ith who? <u>for</u> a	a		Balance <u>15.000</u>	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of 1	ickets	2ı	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets	4	th Month Vol.		#of Tickets	
Owner #1 Name	abir miah			Title	pr			
Date of Birth	01 25 196	 53		SSN	068-74-23	91		
Full Home Address	87 84 parsons blvd jamaica ny 11432							
Home Phone	(347) 822		ell Phone		Email	kobirmiah98	@yahoo.com	
Own/Rent	\$ 0 Own	) Y	ears There	Drivers Lience #		State		
						_		_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address			_					
Home Phone		Ce	ell Phone		Email			
Own/Rent	\$	Y	ears There	Drive	ers Lience #	St	ate	_
Business Home Bas	ed?	No Locat	ion: Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co.				Conta	ct		
Contact Phone	_		Cell			Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			Contact			Phone		
I horoby represent that all t	the above int	formation is true as	d understand that mad	ving false states	ants might ha sees	idorod fraud. By praviding	a the above information the	annlicant/a)

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	e abir miah	Date 08/10/2017
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