

DBA Name Timeless Spa Legal Name Timeless, An Anti-Aging	Spa				
Type of Business wellness spa Tax ID 41-2048487	Corp				
Full Business Address 3540 Seven Bridges Dr., Ste. 130					
Full Billing Address					
Phone at Location (630) 903-0573 Best Phone (630) 776-7618 Fax	(630) 903-0573 Best Phone (630) 776-7618 Fax (630) 428-1412				
Business Email jody@timelessdayspa.com Website www.timelessdayspa.co	Website www.timelessdayspa.com				
Years In Business 13 Average Ticket Gross Annual Sales 5	500,000.00				
Do you currently have cash advance? No With who? Balar	nce				
Current Credit Card Processor Average Processing Volume					
Last Month Vol. #of Tickets 2nd Month Vol. #of Ti	ickets				
3rd Month Vol. #of Tickets 4th Month Vol. #of Ti	ickets				
Owner #1 Name Lady Buelds					
Owner #1 Name Jody Buckle Title owner					
Date of Birth 06-11-1960 SSN 346-52-2643					
Full Home Address 216 Holmes Ave., Clarendon Hills, IL 60514					
Home Phone (630) 776-7618 Cell Phone Email jody@timelessdayspa.com					
Own/Rent \$ 0 Own Years There 13 Drivers Lience # B240-4326-0766 State IL					
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 Month	nly Rent				
Landlord / Mortgage Co. West Wind Properties Contact Sarah					
Contact Phone (630) 418-0055 Cell Email					
Bank Name/Branch Chase Contact Phone					
Trade Reference#1 Universal Spa Contact Phone (800) 477	7-6655				
Trade Reference#2 Promobilia Contact Jane Ukleja Phone (630) 650	0-0536				
Trade Reference#3 360Sociable Contact Erick Heinz Phone (630) 392	2-6284				

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.

Works Direct and to each of the Recipients, on its		y creater or initialization, c	and mornidation relating to	o any or you, to money
Signature#1	Printed Name	Jody Buckle	Date	12/09/2016