

DDA Nama		Nail tals			I NI	Nail talcanalia	م مالند ما	
DBA Name		Nail tek			egal Name	Nail tek english village		
Type of Business		Nail salon			ax ID	83-1133971		- Corp
Full Business Addre	:SS	600 olde en	glish lane suite	e 116				
Full Billing Address								
Phone at Location		(205) 540-2	2906		Best Phone	Fax		
Business Email		tuanhtrinh(@yahoo.com		Website	www.nailteksalon.com		
Years In Business		2017	Average	e Ticket		Gross Annual S	Sales <u>750</u>	,000.00
Do you currently h	ave cash	advance?	No	With who?			Balance	
Current Credit Card	d Process	or			Average	Processing Volu	me	
Last Month Vol.	-	#0	of Tickets		2nd Month Vol.		#of Ticke	ets
3rd Month Vol.		#0	of Tickets		4th Month Vol.		#of Ticke	ets
_								
Owner #1 Name	Tusn Trin			Title				
Date of Birth	2605197			SSN	424-37-42	243		
Full Home Address			r birmingham al	35226				
Home Phone	(205) 540	0-2906	Cell Phone		Email	tuanhtri	inh@yahoo.con	1
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	Years There	2055402906	Drivers Lience # 6	5196670	State	Alabama
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Orivers Lience # _		State	
Business Home Bas	sed?	No Loc	cation: Lease/0	Own Leased	Lease Ter	m	Monthly I	Rent
Landlord / Mortgage	e Co				Cont	act .		
Contact Phone	_			Cell _		Email		
Bank Name/Branch			Cont	act		Phone		
Trade Reference#1			Cont	act		Phone		
Trade Reference#2			 Cont	act		— Phone		
Trade Reference#3			Cont	act		Phone		
I hereby represent that all	the above in	oformation is true	and understand th	hat making false st	atements might be con	nsidered fraud. By pro	viding the above	information the applicant(s)

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	Tusn Trinh	Date	01/25/2019