

DBA Name	Xanadu Med Spa		Legal Name		Transformational Returns, Inc			
Type of Business Med Spa			Tax ID		47-3720203		Corp	
Full Business Address 2244 E Harmony Rd, Suite 100 Fort Collins, CO 80528								
Full Billing Address								
Phone at Location (970) 482-1889		Best Phone (970) 482-1		482-1889	Fax			
Business Email	siness Email <u>mark@xanadumedspa.co</u>		Website		www.xanadumedspa.com			
Years In Business	11	Average Tick	ket		Gross Annual S	ales <u>850,000.00</u>		
Do you currently h	ave cash advance?	Yes W	ith who? LG, EB	F, Funding M	letrics	Balance 3K, 28K,	19K	
Current Credit Card Processor			Average Pro		ocessing Volume			
Last Month Vol.		#of Tickets	2nd	Month Vol.		#of Tickets		
3rd Month Vol.	<del>.</del>	#of Tickets	4th I	Month Vol.		#of Tickets		
Owner #1 Name	Mark P Koepsell		Title	Owner				
Date of Birth	07301969		SSN	388-76-836	2			
Full Home Address	2632 Clarion Ln							
Home Phone	(970) 988-1675	Cell Phone	(970) 988-1675	Email	mpkoepsell@gmail.com			
Own/Rent	\$ <u>0 Own</u>	Years There 5	Drivers	 Lience #98-	-275-0460	State CO		
Owner #2 Name			Title					
Date of Birth Full Home Address			SSN					
Home Phone		Cell Phone		Email				
Own/Rent	\$	— Years There	Drivers	— Lience #		State		
							<del></del>	
Business Home Bas	ed? No L	ocation: Lease/Own	Leased	_Lease Term		Monthly Rent		
Landlord / Mortgage Co. Twenty Nine 11 Properties			Contact Tarryn Farrell		Tarryn Farrell			
Contact Phone	(970) 658-5	115 Cell			_ Email	tarrynlfarrell@g	mail.com	
Bank Name/Branch	Wells Fargo/Harm Road	ony Contact	Jamie Sigley		Phone	(970) 203-2543		
Trade Reference#1	TOPIX	Contact	Cathy Pazol		— Phone	(303) 818-4728		
Trade Reference#2	KUL CBD	Contact	Jamie Rouse	lle	– Phone	(315) 399-8053		
Trade Reference#3	NuFACE	Contact	Melissa Wilse	on	— Phone	(808) 755-5982		

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	Mark Koepsell	Date	03/04/2020
		•		