

DBA Name		susan quach styles		Legal Name		susan quach stles		
Type of Business		salon		Ta:	x ID	586280337		Sole Prop
Full Business Addre	SS	17142 colin	na rd					
Full Billing Address								
Phone at Location		(626) 810-8698		B	est Phone (626)	810-8698	Fax	
Business Email		quachsue7	@gmail.com		Website			
Years In Business		13	Average Tic	ket		Gross Annual S	ales <u>8,000.00</u>	
Do you currently ha	ave cash	advance?	No V	Vith who? _			Balance	
Current Credit Card Processor					Average F	Processing Volur	me	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Susan Qı	uach		Title	owner			
Date of Birth	07/01/19			SSN	586-28-033	7		
Full Home Address	1139 Ficl	kewirth Ave						
Home Phone	(626) 810	0-8698	Cell Phone		Email	quachsu	e7@gmail.com	
Own/Rent	\$ 0 Owr	n	Years There 2	Dr	ivers Lience # a3	499676	State Califo	rnia
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	Dr	ivers Lience #		_State	<del></del>
Business Home Bas	ed?	No Lo	cation: Lease/Own	Leased	Lease Term	ı	Monthly Rent	
Landlord / Mortgag	e Co. <u>j</u> e	essie cruz			Contac	:t <u>3</u>	Byears	
Contact Phone	_		Cel			_ Email		
Bank Name/Branch	wells fa	argo	Contact			Phone		
Trade Reference#1 cosmpoproff		Contact	-		Phone			
Trade Reference#2	swiss		Contact			Phone		
Trade Reference#3			Contact			- Phone -		
I hereby represent that all	the above ir	nformation is true	e and understand that ma	aking false state	ements might be consi	dered fraud. By prov	riding the above informa	tion, 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Susan Quach	Date	03/09/2017