MoneyWorks > Direct ADMINISTRAT	TIVE FORM PLEASE FAX TO:1.646.417.5809
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DBA Name		BEAU TECH		Le	egal Name	VITAL TECH		
Type of Business		Healthcare I	Γ Managed Servic	esT	ax ID	82-4375378		Corp
Full Business Addre	:SS	884 Santa Ana	a Street, Laguna E	Beach, CA	92651			
Full Billing Address								
Phone at Location		(949) 335-74	180	[Best Phone (949)	402-5419	Fax	
Business Email		beau@beaut	ech.net		Website	www.beautech	.net	
Years In Business		16	Average Ticl	ket		Gross Annual Sa	ales <u>280,000.00</u>	
Do you currently h	ave cash	advance?	No W	/ith who? _			Balance	
Current Credit Card	d Process	or			Average	Processing Volun	ne	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Steven Jo			Title				
Date of Birth	0627198			SSN	562-85-54	79		
Full Home Address			guna Beach, CA 926					
Home Phone	(949) 33	5-7480 (Cell Phone	(949) 402-5	419 Email	beau@be	eautech.net	
Own/Rent	\$ <u>0 Ren</u>	nt '	Years There 4	D	rivers Lience # Di	2956469	State CA	_
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		(Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #		State	<u> </u>
Business Home Bas	sed?	Yes Loca	tion: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>F</u>	Rosemary Cook			Conta	ct <u>R</u>	osemary Cook	
Contact Phone	<u>(</u>	602) 565-7511	Cell	<u>(6</u>	02) 565-7511	Email	rosemarytcook@a	aol.com
Bank Name/Branch	BofA La	aguna Beach	Contact	Humber	to Gonzalez	Phone		
Trade Reference#1			Contact	-		Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			Contact			– Phone		
I hereby represent that all	the above in	nformation is true a	nd understand that ma	king false sta	tements might he cons	idered fraud. By provi	ding the above information, th	e annlicant(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	Steven Johnson	Date	05/01/2019