

DBA Name		sapphir	e nails and spa		Le	egal Nam	е	shuva	shree inc				
Type of Business		SAPPHI	RE NAILS & spa		Ta	ax ID		46122	21682				Corp
Full Business Addre	SS	<u>1527 Yo</u>	rk Ave										
Full Billing Address													
Phone at Location (2			(212) 988-1891			Best Phon	ie <u>(34</u>	7) 656-47	656-4750 Fax				
Business Email		info@sa	apphirespanyc.c		Website		www.	www.sapphirespanyc.com					
Years In Business		5	Avera	ige Tic	ket			Gross	Annual Sa	les	1,200,0	00.00	
Do you currently ha	ave cash a	advance?	No	١	With who? _					Bal	ance		
Current Credit Card	l Processo	or					Average	e Process	ing Volum	ne			
Last Month Vol.			#of Tickets			2nd Mor	nth Vol.	·		#of	Tickets		
3rd Month Vol.			#of Tickets			4th Mon	th Vol.			#of	Tickets		
Owner #1 Name	sunita ad	hikari			Title	р	resident	t					
Date of Birth	10/11/196	 59			- SSN	1	32-96-2	:667					
Full Home Address	420 E. 80	TH STREE	T, APT # 2F		-	_							
Home Phone	(347) 656	-4750	Cell Phone		(347) 656-4	750 E	mail		info@sap	phiresp	anyc.com		
Own/Rent	\$ 0 Rent		 Years There	3	D	rivers Lien	ce#	63863843	0	State	NY		
Owner #2 Name					Title -	_							
Date of Birth					SSN	_							
Full Home Address													
Home Phone			Cell Phone				mail						
Own/Rent	\$		_ Years There	_	D	rivers Lien	ce #			State			_
Business Home Bas	ed?	No	Location: Leas	e/Own	Leased	Le	ase Te	rm _		Mon	thly Rent	t	_
Landlord / Mortgage	e Co						Cont	tact					
Contact Phone	_			Cel	II				Email				
Bank Name/Branch			Со	ntact				Ph	ione				
Trade Reference#1			Co	ntact				— Ph	ione –				
Trade Reference#2			Co	ntact				— Ph	ione				
Trade Reference#3			Co	ntact				— Ph	ione				

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	SHASHI ADHIKARI	Date	04/30/2018