MoneyWorks >>	Sales Rep: Joe

DBA Name	Hairby	kiss	Le	egal Name	Hairbykiss,inc	
Type of Business	Hair sa			ax ID	27-4403116	Corp
Full Business Addre	ess 1613sta	ation way huntington s	station			
Full Billing Address		, ,				
Phone at Location	(631) 9	923-0990	Е	Best Phone (631)	923-0990	Fax (163) 192-3099
Business Email	Martin	kiss11@gmail.com		Website		
Years In Business	10	Average Ti	icket		Gross Annual Sale	es 109,000.00
Do you currently h	ave cash advance	? No	With who?			Balance
Current Credit Card	d Processor				Processing Volume	!
Last Month Vol.		#of Tickets		2nd Month Vol.		#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.		#of Tickets
Owner #1 Name	Paulo Krizanovski		_ Title			
Date of Birth	9/9/1969		SSN -	7138		
Full Home Address		huntington station ,				
Home Phone	(631) 923-0990	Cell Phone	(516) 639-6	818 Email	martinkiss1	I1@gmail.com
Own/Rent	\$ <u>0 Rent</u>	Years There 9	D	rivers Lience # 60	01806993 S	State Ny
Owner #2 Name			Title			
Date of Birth			– SSN			
Full Home Address			_			
Home Phone		Cell Phone		Email		
Own/Rent	\$ Own	Years There	D	rivers Lience #	S	itate
Business Home Bas	ed? No	Location: Lease/Owi	n Leased	Lease Terr	n	Monthly Rent
Landlord / Mortgage	 e Co.	_		 Conta	oct	
Contact Phone		Ce	ell		Email	
Bank Name/Branch	Chase	Contact			Phone	
Trade Reference#1		 Contact			 Phone	
Trade Reference#2		 Contact			 Phone	
Trade Reference#3		Contact			Phone	
I hereby represent that all	the above information	is true and understand that r	making false sta	tements might be cons	sidered fraud. By providir	ng 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	Paulo Krizanovski	Date	03/22/2017
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