<b>Money</b> Works	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Patrick

DBA Name		woo		Le	gal Name	s.l. woo, inc		
Type of Business		apparel wholesa	ale and retail	Ta	ax ID	94-3282129		Corp
Full Business Addre	SS	209 s garey st						
Full Billing Address		-						
Phone at Location		(213) 687-4800			Best Phone		Fax	
Business Email					Website	thehouseofw	/oo.com	
Years In Business		20	Average Tick	et		Gross Annua	Sales <u>200,000.00</u>	0
Do you currently ha	ave cash a	advance?	No W	ith who? _			Balance	
Current Credit Card	d Processo	or			Average	Processing Vo	lume	
Last Month Vol.	_	#of Tic	kets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	michael b	adt		Title	manager			
Date of Birth	02/09/196	57		SSN	559-77-6	371		
Full Home Address	8 latimer	rd, santa monica, c	a 90402					
Home Phone	(213) 687	-4800 Cell	Phone		Email	mike@	gilovewoo.com	
Own/Rent	\$ <u>0 Own</u>	Yea	rs There 49	D	rivers Lience #	3734203	State ca	
Owner #2 Name	staci woo			Title	president	•		
Date of Birth				SSN	572-39-0	518		
Full Home Address	8 latimer	rd, santa monica, c						
Home Phone			Phone		Email			
Own/Rent	\$ Own	Yea	rs There	D	rivers Lience # _	2055957	State	
Business Home Bas	ed?	No Location	n: Lease/Own	Leased	Lease Ter	m	Monthly Rent	
Landlord / Mortgage	e Co				Cont	act		
Contact Phone	_		Cell	_		Emai	il	
Bank Name/Branch	union ba	ank	Contact	karen		Phone	(213) 972-5546	
Trade Reference#1	trim 4 le	ess	Contact	albert		Phone	(213) 867-1000	
Trade Reference#2	Made W	ell LA	 Contact	Mike		Phone	(323) 747-8008	
Trade Reference#3	david cu	utting service	 Contact 	se		Phone	(323) 999-8018	
I horoby represent that all	the above inf	formation is true and u	indorstand that mal	king falso stat	tomonts might be see	nsidored fraud. By n	roviding the above informat	ion 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	michael badt	Date	07/13/2017
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