MoneyWorks >> Dir	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Kyle
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DBA Name		Awsum Salo	on	Le	egal Name	Awsum Salon			
Type of Business	Salon		T	ax ID	000000000	00000000			
Full Business Addre	:SS	6510 s higley	y rd gilbert Az	suite 106 8529	97				
Full Billing Address									
Phone at Location		(602) 425-3	8030	!	Best Phone (60)	2) 425-3030	Fax		
Business Email		Awsumsalo	n@yahoo.com	<u> </u>	Website				
Years In Business		10yr	_ Average	e Ticket		Gross Annual	Sales <u>110,000.00</u>		
Do you currently h	ave cash	advance?	No	With who? _			Balance		
Current Credit Card Processor					_ Average	Average Processing Volume			
Last Month Vol.		#o	f Tickets		2nd Month Vol.		#of Tickets		
3rd Month Vol.		#o	f Tickets		4th Month Vol.		#of Tickets		
Owner #1 Name	Chris Cha	anin		Title	President	t .			
Date of Birth	05-04-19	-		SSN					
Full Home Address			een Creek Az 85						
Home Phone	(602) 42		Cell Phone	(602) 425-3	8030 Email	awsum	salon@yahoo.com		
Own/Rent	\$ 0 Ren		Years There		Privers Lience #		State Az		
					- -			_	
Owner #2 Name				Title	!				
Date of Birth				 SSN					
Full Home Address									
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There	D	rivers Lience #		State		
Business Home Bas	sed?	No Loc	ation: Lease/C	Own Leased	Lease Te	rm	Monthly Rent		
Landlord / Mortgago	e Co.				 Cont	tact			
Contact Phone	_			Cell		Email			
Bank Name/Branch	Chase		Cont	act		Phone			
Trade Reference#1			Cont	act		— Phone			
Trade Reference#2			Cont			— Phone		_	
Trade Reference#3			Cont			Phone			
I hereby represent that all	the above in	nformation is true	and understand th	nat making false sta	tements might be co	unsidered fraud. By pro	oviding the above information. t	he 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	Chris Chapin	Date	03/13/2017
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