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DBA Name		platinum salon & spa			Legal Name		PLATINUM SALON & SPA		Corp
Type of Business		-	salon			Tax ID		36-4054707	
Full Business Addre	SS	81 stratf	ord dr						
Full Billing Address									
Phone at Location (630) 893-4					Be	est Phone (630	639-2300 Fax		
Business Email platinumsalon@ac			ol.com		Website	platinumsalon-spa.com			
Years In Business		20		Average Tick	e Ticket Gross Annual Sales <u>1,600,000</u>			000.00	
Do you currently ha	ave cas	h advance?	,	Yes W	ith who? <u>Ol</u>	N DECK		Balance 7	0000
Current Credit Card	ssor				Average	Processing Vol	ume		
Last Month Vol.			#of Ticke	ets	:	2nd Month Vol.		#of Tickets	
3rd Month Vol.	#of Ticket			ets		4th Month Vol.	#of Tickets		
Owner #1 Name	JUDI MI	ULDER			Title	president			
Date of Birth	08/04/1946				SSN 336-36-3		 399		
Full Home Address		izzi lane							
Home Phone	(630) 6	39-2300	Cell Ph	none		Email	PLATIN	IUMSALON@AOL.C	OM
Own/Rent	\$ <u>0 0</u>	\$ <u>0 Own</u> Years There 2			Drivers Lience # m43643246821 State il				
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Ph	_		Email			
Own/Rent	\$		_ Years	There	Dri	vers Lience # _		State	
Business Home Bas	ed?	No	Location:	Lease/Own	Owned	Lease Ter	m	Monthly Re	nt
Landlord / Mortgage	e Co.	first state b	oank			Conta	act	judi mulder	
Contact Phone		(630) 639-	2300	Cell			Email	platinum	salon@aol.com
Bank Name/Branch	first s	tate bank		Contact			Phone		
Trade Reference#1	mikal	corp		Contact	fred deng	jler	 Phone	(513) 528-5100)
Trade Reference#2	alex			Contact	alex		Phone	(847) 361-5716	5
Trade Reference#3				Contact			Phone		

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	JUDI MULDER	Date	11/02/2017
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