MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Steve

DBA Name	l	Jtopia one LL		Le	gal Name		Utopia salon an	d spa	
Type of Business	e of Business Salon abd spa		 Ta	Tax ID		3064537832		LLC	
Full Business Addre	- ess 34	49 east south	ave westfield i	nj 07090					
Full Billing Address									
Phone at Location	(908) 884-8020			Best Phone		Fax			
Business Email	nsuarez@mail.com			Website		Utopia salon abs spa center.com		m	
Years In Business	1	5 y	Average Ti	cket			Gross Annual Sa	eles <u>950.00</u>	
Do you currently ha	ave cash ad	vance?	No	With who? _				Balance	
Current Credit Card	d Processor				Av	erage	Processing Volum	ne	
Last Month Vol.		#of T	ickets		2nd Montl	h Vol.		#of Tickets	
3rd Month Vol.		#of T	ickets		4th Month	n Vol.		#of Tickets	
Owner #1 Name	George Sua	rez		Title	Ow	ner			
Date of Birth	11/27/1850			- SSN	149	9- 7-288	3		
Full Home Address	1118 Vanar	sdale Dr.		_					
Home Phone	(908) 884-8	020 Ce	ell Phone	(908) 884-8	020 Em	ail	nsuarez@	mail.com	
Own/Rent	\$ 0 Own	Y	ears There 90	D88848020 D	rivers Lience	e # <u>S</u> 9	98865432	State NJ	
Owner #2 Name				Title –					
Date of Birth				SSN -					
Full Home Address									
Home Phone			ll Phone		Em				
Own/Rent	\$	Ye	ears There	D	rivers Lience	e#		State	
Business Home Bas	sed? N	lo Locati	on: Lease/Owr	Leased	Leas	se Tern	n	Monthly Ren	t
Landlord / Mortgage	e Co. Rus	sell evans				Conta	ct <u>9</u>	08 8846160	
Contact Phone			Ce	·II			_ Email		
Bank Name/Branch	Wellsfarge	0	Contact	Akexano	dra		Phone (908) 928-0008	
Trade Reference#1	_		 Contact			,	Phone		
Trade Reference#2	-		 Contact				Phone		
Trade Reference#3			Contact				Phone		
I hereby represent that all	the above infor	mation is true and	d understand that n	naking false sta	tements migh	t be cons	idered fraud. By provi	ding the above infor	mation, 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	George Suarez	Date	04/23/2018