

DBA Name		Distrobeauty	' LLC	Le	gal Name	Distrobeauty I	_LC			
Type of Business		wholesale		Ta	x ID	474786655		_	LLC	
Full Business Address 344 W 38TH STREET, RM 506, New York, NY, 10018										
Full Billing Address										
Phone at Location		(917) 388-2162		E	Best Phone (310	0) 428-9901	Fax			
Business Email		sales@distrobeauty.com			Website	www.distrobeauty.com				
Years In Business	1		Average Tid	cket		Gross Annual Sales 180,000.00				
Do you currently ha	ave cash a	advance?	Yes	With who? B	izFi		Balanc	ce <u>10985</u>		
Current Credit Card Processor Average Processing Volume										
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Ticl	kets		
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Ticl	kets		
Owner #1 Name	Jure Klepi			Title –	Director					
Date of Birth	05061977 SSN 708-70-3052									
Full Home Address	561 10TH AVE 15B NEW YORK, NY, 10036									
Home Phone	(310) 428	S-9901 C	Cell Phone		Email	sales@c	distrobeauty.c	com		
Own/Rent	\$ 0 Rent	<u>t</u> .	Years There $\frac{3}{}$	Dı	rivers Lience #	170441857	State	NEW YORK		
Owner #2 Name				Title –						
Date of Birth				SSN -						
Full Home Address										
Home Phone			Cell Phone		Email					
Own/Rent	\$		Years There	Dı	rivers Lience #		State			
Business Home Bas	ed?	No Loca	ntion: Lease/Own	Leased	Lease Ter	m	Monthly	/ Rent		
Landlord / Mortgage	e Co				Cont	act .				
Contact Phone	_		Ce	·II		Email				
Bank Name/Branch			Contact			Phone				
Trade Reference#1	_	_	Contact			Phone				
Trade Reference#2			 Contact			 Phone				
Trade Reference#3			Contact			Phone				
I horoby represent that all	the above in	formation is true a	nd understand that n	naking falso stat	coments might be see	neidored fraud. By pro-	viding the abov	o information, the an	nlicant(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	Jure Klepic	Date	10/25/2016
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