

DBA Name	Aesthetic Nurse Specialist		Legal Name	Aesthetic Nurse Specialist	
Type of Business	Medical Spa		Tax ID	45-5068437	LLC
Full Business Address	1385 Carr Street Suite 6 Lakewood CO 80214				
Full Billing Address					
Phone at Location	(303) 898-8085		Best Phone	(303) 898-8085	Fax
Business Email	spadenver.co@gmail.com		Website	spadenver.co	
Years In Business	28	Average Ticket		Gross Annual Sales	174,410.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Stephanie Maner		Title	President	
Date of Birth	01071970		SSN	595-37-7084	
Full Home Address	1385 Carr Street				
Home Phone	(303) 898-8085	Cell Phone	(303) 898-8085	Email	spadenver.co@gmail.com
Own/Rent	\$ 0 Own	Years There	21	Drivers Lience #	94-256-1391
				State	Co
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	US BANK	Contact	1415 Carr Street	Phone	(303) 205-5440
Trade Reference#1	Mantis Funding	Contact	Richard Kim	Phone	(561) 578-4222
Trade Reference#2	Financial Pacfic Leasing	Contact	Amanda Nance	Phone	(877) 222-8558
Trade Reference#3	Townsquare	Contact	Bryce Tedeschi	Phone	(704) 469-4127

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 pertinent 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 owne/officer (individually and collectively, "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 informaiton 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

Stephanie Maner

Date

05/22/2018