

		Cultura i						
DBA Name		Strictly Business Hair Studio			Name	Strictly Business Hair Studio		
Type of Business		Hair Salon		Tax II)	566397844		Sole Prop
Full Business Addre	SS	14815 E.14 Str	eet					
Full Billing Address								
Phone at Location		(510) 357-4217		Best	Best Phone (510) 357-4217		Fax <u>(5</u>	510) 357-4217
Business Email					Website			
Years In Business	ss <u>20</u>		Average Ticke	et		Gross Annual Sales 95,000.0		0.00
Do you currently h	ave cash	advance?	No Wit	th who?			Balance _	
Current Credit Card Processor					Average l	Processing Vol	ume	
Last Month Vol.		#of T	ickets	2n	d Month Vol.		#of Tickets	·
3rd Month Vol.		#of T	ickets	4th	n Month Vol.		#of Tickets	<u> </u>
					•			
Owner #1 Name	Italiya Ba	-		Title	Owner	4.4		
Date of Birth	08041966 SSN 566-39-7844 2001 West Ave 134th							
Full Home Address			/F	10) 602 1070	- "	9 - 19 1	!!	
Home Phone				510) 682-1079				
Own/Rent	\$ <u>0 Ren</u>	<u>t</u> Ye	ars There 8	Drive	rs Lience # <u>U6</u>	5003513	StateC	California
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				3311	-			
Home Phone		Ce	Il Phone		Email			
Own/Rent	\$		ars There	Drive	rs Lience #		State	
	' 				_		· · · · _	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	Lease Term	n <u>2 years</u>	Monthly Re	ent <u>1,020.00</u>
Landlord / Mortgage	e Co. <u> </u>	leung Tam			Conta	ct		
Contact Phone	_		Cell	(510)	612-3388	_ Email		
Bank Name/Branch	Chase		Contact	San leandro)	Phone	(866) 443-091	1
Trade Reference#1			Contact			– Phone		
Trade Reference#2			Contact			– Phone		
Trade Reference#3			Contact			– Phone		
I hereby represent that all	the above in	oformation is true and	understand that maki	na falso statomo	ents might he sons	idorod fraud. By pr	oviding the above inf	formation, 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	Italiya Bailey	Date	01/12/2017