

DBA Name		sapphire nails & spa			Legal Name		shuvashree inc			
Type of Business		nail salon			Tax ID		46-1221682			Corp
Full Business Address		1527 York Ave								
Full Billing Address										
Phone at Location		(347) 656-4750			Best Phone (347)		656-4750	Fax		
Business Email		adhikarisasi@hotmail.com			Website		www.sapphirespanyc.com		n	
Years In Business 3		3 Avera		ge Ticket			Gross Annual Sales <u>1,110,000.00</u>		110,000.00	
Do you currently h	ave cash	advance?	Yes	With who?	? quato	rspot, crestv	riew	Baland	ce <u>45000, 2000</u> 0	)
Current Credit Card Processor						Average	Processing Volur	me _		
Last Month Vol.		#of T	#of Tickets		2nd Month Vol.		#of Tickets		kets	
3rd Month Vol.		#of T	ickets _		4th	Month Vol.		#of Tic	kets	
Owner #1 Name	Shashi Ad	dhikari		Ti	tle	president				
Date of Birth	10/11/19	69		 SS	5N	132-96-26	67			
Full Home Address	420 E 80	th St				-				
Home Phone	(212) 988	3-1891 Ce	II Phone	(212) 988	3-1891	Email	info@sap	phirespany	c.com	
Own/Rent	\$ <u>0 Ren</u>	t Ye	ears There	2129881891	Drivers	Lience # 63	38638430	State	New York	
Owner #2 Name				Tir	tle					
Date of Birth				`` SS						
Full Home Address						-				
Home Phone		Ce	II Phone			Email				
Own/Rent	\$	Ye	ears There		Drivers	Lience #		State		
Business Home Bas	sed?	No Locati	on: Lease/C	)wn <u>Leas</u> e	ed	Lease Tern	n	Monthly	y Rent	
Landlord / Mortgag	e Co					Conta	ct _			
Contact Phone	_			Cell			Email			
Bank Name/Branch	chase b	ank	Conta	act			Phone			
Trade Reference#1			Conta	act			Phone			
Trade Reference#2			Conta	act			Phone	_		
Trade Reference#3			Conta	act			Phone _			
I hereby represent that all	the above in	formation is true and	l understand th	at making false	statemen	ts might be cons	sidered fraud. By prov	iding the abov	ve information, the a	oplicant(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	sunita Adhikari	Date	04/11/2017