M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ADMINISTRATIVE FORM PLEASE FAX TO:1.646,417,5809
MoneyWorks >>	Sales Rep: Carl

DBA Name		Image spa	a nail	Le	egal Name	Image nail		
Type of Business		Nails tech	l	T	ax ID	0326147300	00	Sole Prop
Full Business Addre	SS	11044 mor	ntgomery blv ne	#d6				
Full Billing Address								
Phone at Location		(505) 294	-6983		Best Phone (50	5) 610-0235	Fax	
Business Email					Website			
Years In Business		4	Average	Ticket		Gross Annua	Sales <u>280,00</u>	00.00
Do you currently ha	ave cash	advance?	No	With who? _			Balance	
Current Credit Card	d Processo	or			_ Average	e Processing Vo	lume	
Last Month Vol.		#	of Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#	of Tickets		4th Month Vol.		#of Tickets	
O #1 No	Halam Va			T:H a	No la tan	ı.		
Owner #1 Name Date of Birth	Helen Vo 2609197			Title				
Full Home Address		and ave ne		SSN		1930		
Home Phone	(505) 610		Cell Phone	(505) 610-0)235 Email	iohnn	y_dinh2002@yahoo	com
Own/Rent	\$ 0 Owr		Years There			100249952	· - · · · · · · · · · · · · · · · · · · ·	ew mexico
OWN/Rent	\$ 0 OWI	<u> </u>	rears mere	4	invers Lience #	100243332	State	ew mexico
Owner #2 Name				Title	!			
Date of Birth				 SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There	D	rivers Lience #		State	
Business Home Base	ed?	No Lo	cation: Lease/Ow	n <u>Leased</u>	Lease Term	1	Monthly Rent	
Landlord / Mortgage	Co. <u>F</u>	Phillips edisc	on		Cont	tact	1 513 824 7122	
Contact Phone	<u>(8</u>	800) 875-65	85 C	Cell		_ Email	arrequest@	phillipsedison.com
Bank Name/Branch			Contac	:t		Phone		
Trade Reference#1			Contac	t		Phone		
Trade Reference#2			Contac			Phone		
Trade Reference#3			Contac	:t		Phone		
I hereby represent that all	the above in	formation is tru	ie and understand th	at making false sta	tements might he co	nsidered fraud. By n	roviding the above inf	ormation 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	Helen Vo	Date	12/15/2017
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