

DBA Name Silver D		Silver Doll	ver Dollar Cafe		Legal Name N			Ma	Martha Lounsbury dba Silver Dollar Cafe			ar Cafe
Type of Business		restaurant				ax ID	_		47-4369936		Sole Prop	
Full Business Address		30501 State Route 24, Sunnyside Wa 98944								•		
Full Billing Address												
Phone at Location (509		(509) 837	(509) 837-8788			Best Phone (509)			0-9832	Fax		
Business Email		silverdollarcafe@hotmail.com			Website				_		_	
Years In Business		9 Average T			cket			Gro	Gross Annual Sales 180,000.00			00
Do you currently ha	ave cash	advance?	No	V	Vith who? _					Bal	ance	
Current Credit Card	_			_	Average	e Proc	essing Volu	ıme				
Last Month Vol.		#	of Tickets			2nd I	Month Vol.			#of	Tickets	
3rd Month Vol.		#	of Tickets			4th N	onth Vol.	·		#of	Tickets	
Owner #1 Name		ounsbury			Title		owner					
Date of Birth	03/18/1961 SSN 539-70-3531											
Full Home Address												
Home Phone	(509) 93		Cell Phone –	-	(509) 930-9		Email –					1
Own/Rent	\$ <u>0 Ren</u>	<u> </u>	Years The	ere <u>9</u>	D	rivers l	Lience #	lounsn	nj395dq	State	Wa	
Owner #2 Name					Title							
Date of Birth					SSN							
Full Home Address												
Home Phone			Cell Phone	9			Email					
Own/Rent	\$		Years The	ere	D	rivers l	Lience #			State		
Business Home Bas	ed?	No Lo	cation: Lea	ase/Own	Leased		Lease Te	rm	35 years	Mon	thly Rent	50.00
Landlord / Mortgage	——————————————————————————————————————	Gary Bos					Cont	tact				
Contact Phone	(509) 952-18	80	Cell					Email	_		
Bank Name/Branch	Solarity	/ Credit Unio	n (Contact					Phone	(509) 24	48-1720	
Trade Reference#1	Rays Wholesale			Contact	Rodger Guzman				Phone	(509) 5	75-0729	
Trade Reference#2	Pepsi			Contact	Kit Broc	k			Phone	(509) 24	48-1313	
Trade Reference#3	King Di	stributing		Contact	Linda				Phone	(509) 4!	52-2800	

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.

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Signature#1		Printed Name	Martha Lounsbury	Date	06/22/2018					
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