

DBA Name		booth insurance agency			gal Name		booth insurance agency		
Type of Business i		insurance allstate agency			ax ID	640958936	640958936		Sole Prop
Full Business Addre	ss <u>130 s</u>	15th street mo	unt vernon	ı, wa 9827	4				
Full Billing Address									
Phone at Location (360) 815-4875					Best Phone (36				
Business Email	anne	ttebooth@allsta	ate.com		Website	www.allstat	www.allstate.com/annettebooth		
Years In Business	10	Av	erage Tick	et		Gross Annua	Gross Annual Sales 344,000.00		
Do you currently ha	ave cash advanc	e? No) W	ith who? _			Bal	ance	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of Tickets			2nd Month Vo	l	#of	Tickets _	
3rd Month Vol.		#of Tickets			4th Month Vol	l	#of	Tickets _	
Owner #1 Name	annette booth			Title	owner 2	and agent			
Date of Birth	12081964					nd agent			
Full Home Address	12081964 SSN 535-80-4817 16530 kato lane mount vernon, wa 98274								
Home Phone	(360) 815-4875	Cell Phon			Email	anne	ttebooth@al	Istate com	
Own/Rent	\$ 0 Own	Years Th	_	D	rivers Lience #	boothah366rh	State	washing	ton
Ownyriche	ф <u>о от</u>		<u> </u>		TIVETS LICTICE II	200011011200111		<u> </u>	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell Phon	e		Email				
Own/Rent	\$	Years Th	ere	D	rivers Lience #		State		
Business Home Bas	ed? No	Location: Le	ase/Own	Leased	Lease Te	erm	Mon	thly Rent	
Landlord / Mortgage	e Co. <u>dr richa</u>	rd simcock			Con	ntact	3604284	393	
Contact Phone	-		Cell			Ema	ail _		
Bank Name/Branch	savibank		Contact	david co	ppe	Phone	(360) 70	7-2272	
Trade Reference#1	david cope	vid cope Contact		stephanie hooper		Phone	(425) 348-8585		_
Trade Reference#2			Contact			Phone			
Trade Reference#3			Contact			Phone			
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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 authorized in 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	annette booth	Date	03/29/2017