Money\	Norks 🕽	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Mike

DBA Name	Travelodge By Wyndham		Legal Name		Evanston Hospitality				
Type of Business		Hospit			Ta	x ID	47-13215119)	LLC
Full Business Addre	ess.	230 Bea	ar River Dr	<u>:</u>					
Full Billing Address									
Phone at Location		(559) 981-6441			Best Phone (559) 981-6441 Fax				
Business Email		travelo	odgewy@h	otmail.com		Website			
Years In Business		3		Average Tick	ket		Gross Annual	Sales <u>150,000.00</u>	
Do you currently ha	ave cas	sh advance	?	No W	ith who? _			Balance	
Current Credit Card	d Proces	ssor				Average	Processing Vol	ume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	Catarir	no Puentes			Title	owner/ Ger	neral Manager		
Date of Birth	04.30/	1955			SSN	563-84-67			
Full Home Address	230 Be	ear River Dr.							
Home Phone	(559) 9	981-6441	Cell Pl	hone	(559) 981-64	141 Email	catarir	nopuentes@yahoo.com	
Own/Rent	\$ <u>0 O</u>	wn	Years	There 1	Dr	ivers Lience # 11	11321-147	State WY	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell Pl	-		Email			
Own/Rent	*		Years	There	Dr	ivers Lience #		State	
Business Home Bas	sed?	Yes	_Location:	Lease/Own	Owned	Lease Term	·	Monthly Rent	
Landlord / Mortgage	e Co.	United St	ates			Conta	ct	United States	
Contact Phone		(307) 789	-2902	Cell			_ Email	travelodgewy@	hotmail.com
Bank Name/Branch	Bank	of the Wes	st	Contact			Phone		
Trade Reference#1				Contact			Phone		
Trade Reference#2			-	Contact			- Phone		
Trade Reference#3				Contact			Phone		
I hereby represent that all	the above	e information i	s true and un	derstand that ma	king false stat	ements might be cons	idered fraud. By pr	oviding the above information	on, 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	Catarino Puentes	Date	11/21/2019
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