

DDA Nama		Christinas na	-t		L No	Christians Bosto		
DBA Name		Christines restaurant			egal Name	Christines Restaurant		
Type of Business		Mexican food restaurant			ax ID	81-1469106		Corp
Full Business Addre	SS	625 Main st B	rawley CA 9222	7				
Full Billing Address								
Phone at Location		(760) 344-8989			Best Phone		Fax	
Business Email		Christinesbrawley@gmail.com		m	Website			
Years In Business		33	Average Ti	cket		Gross Annual Sale	as <u>350,000.00</u>	
Do you currently ha	ave cash	n advance?	No	With who? _			Balance	
Current Credit Card Processor					Average	Processing Volume		
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
Owner #1 Name	Veronic	a Melgoza		Title	Owner			
Date of Birth	011519			– SSN		37		
Full Home Address		apulco dr Imperial	CΔ 92251	_				
Home Phone			Cell Phone		Email	christinesh	rawley@gmail.com	
Own/Rent	<u> </u>					-	itate	
Ownyrectic	ψ <u>σσ.</u>				invers Eleffee # 2	3		
Owner #2 Name				Title	:			
Date of Birth				- SSN				
Full Home Address				_				
Home Phone		(	Cell Phone		Email			
Own/Rent	\$		Years There	D	orivers Lience #	S	itate	_
Business Home Bas	ed?	No Loca	tion: Lease/Owr	n Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	 e Co.	Gery Garcia			 Conta	ct		
Contact Phone		(760) 554-7265	Ce			 Email		
Bank Name/Branch Union Bank Contact Phone								
		Dank						
Trade Reference#1			Contact			Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			Contact			Phone		

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 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	Veronica Melgoza	Date	09/10/2019