

DBA Name		WHITE MATTRES	S COMPANY LLO	C Legal N	lame	WHITE MATT	RESS COMPA	NY LLC			
Type of Business		Retail		Tax ID		<del></del>			LLC		
Full Business Address		1010 S. MAIN ST.									
Full Billing Address											
Phone at Location		(575) 624-1000		Best F	Best Phone (575)		Fax	(575) 623-2000	)		
Business Email		dareldevenport@gmail.com		Website		WhiteMattressCompany.com					
Years In Business		36 Average Ticl		et		Gross Annual Sales 400,000.00					
Do you currently ha	ave cash a	advance?	Yes Wit	h who? Yellow	Stone, OnDe	eck	Balanc	ce <u>6,000.00</u>			
Current Credit Card Processor Average Processing Volume											
Last Month Vol.		#of Tick	ets	2nd	Month Vol.		#of Tic	kets			
3rd Month Vol.		#of Tick	ets	4th	Month Vol.		_ #of Tic	kets			
Owner #1 Name		EVENPORT		Title	Owner						
Date of Birth	09-16-194			SSN	585-14-411	1					
Full Home Address	604 E Sec										
Home Phone	(575) 624-1000 Cell		hone	Email		dareldevenport21@gmail.com		gmail.com			
Own/Rent	\$ <u>0 Own</u>	Years	s There 36	Drivers	Lience #		State				
Owner #2 News				T:H a							
Owner #2 Name				Title							
Date of Birth Full Home Address				SSN							
Home Phone		Cell P	hone		Email						
Own/Rent			There	Drivers	Drivers Lience #		State				
	Ψ <u></u>										
Business Home Bas	ed?	No Location	: Lease/Own	Leased	_Lease Term		Monthly	y Rent			
Landlord / Mortgage	e Co. R	oswell Escrow			Contac	t					
Contact Phone	_		Cell			_ Emai	<u> </u>				
Bank Name/Branch			Contact			Phone					
Trade Reference#1	Holland	Supply	- Contact			- Phone	(800) 888-	4569			
Trade Reference#2	Farm Bu	ıreau Insurance	Contact			Phone	(800) 397-	7900			
Trade Reference#3	Bechik		 Contact 			- Phone	(800) 934-3	3881			

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 F	Printed Name	DAREL DEVENPORT	Date	07/26/2017
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