

DBA Name	Simple Cremation of Spokane		Legal Name	Simple Cremation of WA	
Type of Business	Funeral Home		Tax ID	47-1341798	Corp
Full Business Address	1312 N. Monroe St., Spokane, WA 99201				
Full Billing Address					
Phone at Location	(800) 764-0895		Best Phone	(360) 820-2628	Fax (888) 712-5142
Business Email	michaelgalaviz@msn.com		Website	funerallandcremationcare.com	
Years In Business	13	Average Ticket		Gross Annual Sales	500,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Michael Galaviz		Title	President	
Date of Birth	01261970		SSN	531-02-0894	
Full Home Address	8 Louise View Dr., Bellingham, WA 98228				
Home Phone	(360) 820-2628	Cell Phone	(360) 820-2628	Email	michaelgalaviz@msn.com
Own/Rent	\$ 0 Own	Years There	13	Drivers Lience #	galavmj301b6
				State	WA
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	Fannilaw			Contact	Kayla Baroch		
Contact Phone	(509) 252-9154	Cell		Email	kayla@fanninlaw.com		

Bank Name/Branch	Chase	Contact	Joseph Livesey	Phone	(360) 678-8900
Trade Reference#1	Chevron	Contact	Customer Service	Phone	(888) 531-3698
Trade Reference#2	Batesville Casket	Contact	Customer Service	Phone	(800) 338-5951
Trade Reference#3	Regus	Contact	Customer Service	Phone	(972) 340-2021

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Michael Galaviz	Date	10/21/2019
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