

DBA Name		Cheerz Sports Grill		Lega	al Name	Micherie LLC		
Type of Business		Restaurant		Tax	ID	46 3952613		LLC
Full Business Addre	ess	7303 Georgia A	Ave, NW, Washing	ton DC 200	12			
Full Billing Address								
Phone at Location		(240) 476-4604		Bes	st Phone (240)) 476-4604	Fax	
Business Email		deanna@cheerzdc.com			Website	www.cheerzdc.com		
Years In Business		3	Average Tick	et		Gross Annual Sa	ales <u>250,000.00</u>	
Do you currently h	ave cash	advance?	No Wi	ith who?			Balance	
Current Credit Card Processo		or			Average	Processing Volur	me	
Last Month Vol.		#of 7	Tickets	2ı	nd Month Vol.		#of Tickets	
3rd Month Vol.		#of 1	Tickets	4	th Month Vol.		#of Tickets	
Owner #1 Name	Deanna \	Watson		Title	Owner 570 15 13	0.0		
Date of Birth	022174 SSN 578-15-1386							
Full Home Address	906 Playford Lane, Silver Spring MD 20901							
Home Phone	(240) 476-4604 Cell Phone			Email deanna@cheerzdc.com				
Own/Rent	\$ <u>0 Owr</u>	<u>Y</u>	ears There 20	Drive	ers Lience # <u>W</u>	/325139115136	_State <u>Maryland</u>	
O #2 Name				T:H -				
Owner #2 Name Date of Birth				Title SSN				
Full Home Address				2211				
Home Phone			ell Phone		Email			
Own/Rent	\$		ears There	Drive	ers Lience #	-	State	
Ownyrtent	Ψ <u></u>							
Business Home Bas	sed?	No Locat	ion: Lease/Own	Leased	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>F</u>	Roxanne Dover			Conta	ect <u>F</u>	loxanne Dover	
Contact Phone	<u>(</u>	347) 526-2595	Cell	(347) 526-2595	Email	roxannedover@yahoo.	.com
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			 Contact			Phone		
Trade Reference#3			 Contact	-		– – Phone		
I hereby represent that all	the above ir	nformation is true an	d understand that mak	ing false statem	nents might be con-	sidered fraud. By prov	iding the above information, the appli	icant(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	Deanna Watson	Date	01/18/2017