

554.11						1076		
DBA Name		gates transportation				1976		
Type of Business		Transportation		Tax ID		471755698		LLC
Full Business Addre	SS	5850 stockton blv	d					
Full Billing Address								
Phone at Location		(916) 382-9519		Best Phone (916) 58		583-2460	Fax	
Business Email ve		vgates84@gmail.com		Website <u>g</u>		gatestransportation.com		
Years In Business		3	Average Tick	et		Gross Annual	Sales <u>100,000,000.00</u>	
Do you currently ha	ave cash a	advance?	Yes W	ith who? silver	line		Balance <u>45000</u>	
Current Credit Card Processor Average Processing Volume								
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		larie Garcia-Gates		Title	owner			
Date of Birth	10171976			SSN 566-51-3709				
Full Home Address								
Home Phone	(916) 583-2460 Cell Phone (916) 583-2460 Email vgates84@gmail.com							
Own/Rent	\$ 0 Rent	O Rent Years There 4 Drivers Lience # b3020070 State CA					_	
				701				
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address Home Phone		Cell P	hono		Email			
			_	Dutana	_		Chala	
Own/Rent	\$	Years	There	Drivers	Lience #		State	_
Business Home Bas	ed?	No Location	: Lease/Own	Leased	_Lease Term		Monthly Rent	
Landlord / Mortgage	e Co. <u>ca</u>	alvin wu			Contact	t	9162017005	
Contact Phone			_ Cell			Emai	l	
Bank Name/Branch	us bank		Contact	doug simons		Phone	(916) 585-8811	
Trade Reference#1	auto ted	ch	Contact	john		Phone	(916) 681-9050	
Trade Reference#2 midas		Contact	ricky or Bobby		Phone	(760) 243-2408		
Trade Reference#3	fireston	e	- Contact -	Ken		Phone	(916) 228-7386	
		f		.:		lawad formal Door		!: + / - \

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	virginia Garcia-Gates	Date	05/10/2017
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