

DBA Name		Waterways	s Cruises and ev	ents L	_eaal	Name	Seattle Lakes Cruises LLC
Type of Business		Dining Cru	_	Tax ID		46-382429 LLC	
Full Business Addre	ess		htlake way, sea		_		
Full Billing Address							
Phone at Location		(206) 223-		Best	Phone (206)	999-2500 Fax	
Business Email						Website	
Years In Business		25	Average	Ticket			Gross Annual Sales 35,000.00
Do you currently h	ave cash	advance?	No	With who?			Balance
Current Credit Card Processo		or			_	Average F	Processing Volume
Last Month Vol.		#	of Tickets		2n	d Month Vol.	#of Tickets
3rd Month Vol.		#	of Tickets		4tl	h Month Vol.	#of Tickets
Owner #1 Name	-	Hilton Smith		Title		owner	
Date of Birth	11/24/1945			SSN	V	201-32-442	4
Full Home Address	1216 E Shelby St, Seattle, WA 98102					- "	hills and the 222 Overhead and
Home Phone		(212) 555-1212 Cell Phone			Email		hiltonsmith333@yahoo.com
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	Years There		Drive	rs Lience #	State
Owner #2 Name	Shirlev A	nn Turnbow		Title	e		
Date of Birth				 SSN	N	519-50-797	72
Full Home Address	1216 E sl	helby St, Seat	tle WA 98102				
Home Phone			Cell Phone			Email	
Own/Rent	\$ Own		Years There		Drive	rs Lience #	State
Business Home Bas	sed?	No Lo	cation: Lease/O	wn Leased	d	Lease Term	n Monthly Rent
Landlord / Mortgag			·			— Contac	
Contact Phone	_			Cell			Email
Contact Phone	_						
Bank Name/Branch			Conta	ct			Phone
Trade Reference#1			Conta	ct			Phone
Trade Reference#2			Conta	ct			Phone
Trade Reference#3			Conta	ct			Phone
I hereby represent that all	the above in	formation is true	e and understand tha	at making false st	ateme	ents might be consi	idered fraud. By providing the above information, the applicant(

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	Stewart Hilton Smith	Date	08/07/2019
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