

DBA Name		LB Coaching		Le	egal Name	LB coaching		
Type of Business		Business Coaching / Healthcare			ax ID	46-5460370		Corp
Full Business Addre	ess	1757 Sattler	Drive					
Full Billing Address								
Phone at Location (925)		(925) 429-0	925) 429-0401		Best Phone (925	5) 408-2526	Fax	
Business Email	Business Email lauraaboon		@gmail.com		Website	www.fortunemgmt.com		
Years In Business		10	Average T	icket		Gross Annua	Sales <u>411,000.00</u>	
Do you currently h	ave cash	advance?	No	With who? _			Balance	
Current Credit Card Processor					Average	Processing Vo	lume	
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of	Tickets		4th Month Vol.		#of Tickets	
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Owner #1 Name	Laura Bo			Title				
Date of Birth	08/01/19			SSN —	140-62-63	387		
Full Home Address		ttler Drive		(00=) (00=				
Home Phone	(925) 42		Cell Phone	(925) 408-2			boone@gmail.com	
Own/Rent	\$ <u>0 Ow</u>	<u>n</u>	Years There 1	.3	Privers Lience # <u>r</u>	18689154	State CA	
Owner #2 Name				Title				
Date of Birth				SSN	-			
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$		Years There		Drivers Lience #		State	
•			_	<u> </u>	-			
Business Home Bas	sed?	Yes Loca	ation: Lease/Ow	n <u>Owned</u>	Lease Ter	m	Monthly Rent	
Landlord / Mortgag	e Co. <u>L</u>	_oanCare			Conta	act		
Contact Phone	<u>(</u>	800) 274-6600) C	ell _		Emai	<u> </u>	
Bank Name/Branch	US Ban	nk	Contac	t		Phone	(925) 671-1107	
Trade Reference#1 Debra Llama		Contac	t		 Phone	(925) 457-5594		
Trade Reference#2	Janet P	ulliam	Contac	t		Phone	(925) 451-5345	
Trade Reference#3	Mike H	enry	Contac	t		 Phone	(925) 595-4895	
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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	Laura Boone	Date	03/18/2017
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