

DBA Name	Lora's Le Garmache			he	Legal Name		Lor	Lora's Le Garmache			
Type of Business		Catering			Tax ID		47-	7-2745-142		_	Corp
Full Business Addre	SS	1327 Ba	y Street								
Full Billing Address											
Phone at Location	(360) 895-0602			Best Phone (360) 89			-0602	Fax	(360)	895-0602	
Business Email	legarmache@gmail.com			Website							
Years In Business		19		Average Tid	cket		Gro	ss Annual S	ales <u>27</u>	75,000.0	0
Do you currently have cash advance?			Yes	With who? K		Balance 7000.00			00		
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Tick	ets		2nd Month Vo	ol		#of Tic	kets	-
3rd Month Vol.			#of Tick	ets		4th Month Vo	ol		#of Tic	kets	
Owner #1 Name	Lora Spa	fford			Title	Chef					
Date of Birth	06/07/19	70			- SSN	553-02	2-4640				
Full Home Address	9512 Ola	ılla Valley	Rd SE		-						
Home Phone	(360) 895-0602 Cell Phone (360) 265-5467 Email legarmache@gmail.com										
Own/Rent	\$ 0 Rent Years There 3 Drivers Lience # SPAFFLL303LG State Washington						ngton				
Owner #2 Name					Title -						
Date of Birth					SSN -						
Full Home Address											
Home Phone			Cell Ph			Email					
Own/Rent	\$		Years	There	Dr	ivers Lience #			State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease T	erm	MONT TO MONTH	Monthl	y Rent	1,200.00
Landlord / Mortgage	e CoE	Bob Hamp	oton			Со	ntact	<u>,</u>	Westbay Pr	operty N	lanagment
Contact Phone	<u>(</u>	253) 307	-3261	. Ce	II <u>(2</u>	53) 307-3261	·	Email			
Bank Name/Branch	Columb	oia Bank		Contac	t Gary Po	odesta		Phone	(360) 876	5-8384	
Trade Reference#1	Food Service of America			– Contac	t Dave M	Dave Monroe		Phone	(253) 241	3764	
Trade Reference#2	Tomlin	Tomlinson Linen Service Contac		t Jacob R	Jacob Roth		Phone	(206) 650	-2852		
Trade Reference#3		Olympic Farm Style Contact			Jeri Knu	Jeri Knutzen			(360) 830	)-4651	

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	Lora Spafford	Date	01/31/2018
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