

DBA Name		Water	ways Cruis	es and Ev	ent:	sLe	egal N	lame	Seattl	e Lakes	Cruises			
Type of Business		Dining	Cruises			Ta	ax ID		46-38	24029			_	LLC
Full Business Addre	SS	2441 N	Northlake	Way, Sea	ttle	WA 98103								
Full Billing Address														
Phone at Location		(206)	223-2060			E	Best F	hone (206)	999-25	00	Fax			
Business Email		Hilton	@waterwa	yscruises.	con	<u>1</u>	W	ebsite	www.	waterwa	yscruis	es.cor	m	
Years In Business		25		Average	Ticl	ket			Gross	Annual S	ales	3,20	00,000.00	
Do you currently ha	ave cash	advance	?	No	V	Vith who? _					Ва	lance	<u> </u>	
Current Credit Card	rd Processor Average Processing Volume													
Last Month Vol.			#of Tick	cets _			2nd	Month Vol.	-		#o	f Tick	ets	
3rd Month Vol.			#of Tick	ets _			4th	Month Vol.			#0	f Tick	ets	
Owner #1 Name	Hilton Sr					Title		Member						
Date of Birth	11/24/19					SSN		201-32-44	24					
Full Home Address			Seattle, WA											
Home Phone	(206) 99	9-2500	Cell F		-	(206) 999-2		Email —		hilton@	waterwa	yscrui	ses.com	
Own/Rent	\$ <u>0 Rer</u>	nt	Year	s There	4	D	rivers	Lience #			State		Washington	_
Owner #2 Name						Title								
Date of Birth						SSN								
Full Home Address														
Home Phone			Cell F	hone				Email						
Own/Rent	\$		Year	s There		D	rivers	 Lience #			State			_
Business Home Bas	ed?	No	Location	: Lease/O	wn	Leased		Lease Terr	n		Moi	nthly	Rent	
Landlord / Mortgage	-	Seattle M	— larina Inc					- Conta	_		— Sam Le	-		
Contact Phone	_	206) 283			Cell					- Email				
				_										
Bank Name/Branch				Conta -	ct				Ph —	one _				
Trade Reference#1				Conta	ct				Ph	one _				
Trade Reference#2				Conta	ct				Ph	one				
Trade Reference#3				– Conta	ct				 Ph	one _				
						·					·		<u> </u>	

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	Hilton Smith	Date	07/16/2019