

DBA Name		Great An	erican Ste	eakhouse	Leg	jal Name	GA Steak	chouse LLC		
Type of Business		Restaurant			Tax ID		2047713	30		LLC
Full Business Addre	SS	7600 Alak	oama St.							
Full Billing Address										
Phone at Location		(915) 751-5300			Best Phone			Fax		
Business Email						Website	Originalg	reatamerican.co	m	
Years In Business		39		Average Ticl	ket		Gross Anr	nual Sales <u>90</u>	0,000.00	
Do you currently ha	ave cash a	advance?	١	res W	ith who? <u>LG</u>	funding		Balanc	te <u>\$59,000</u>	
Current Credit Card Processor						Averag	e Processing	Volume		
Last Month Vol.			#of Ticke	ts	2	2nd Month Vol		#of Tic	kets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol	•	#of Tic	kets	
Owner #1 Name	Tamara B	aca			Title	Owner				
Date of Birth	10/18/19	73			SSN	449-87-7	7299			
Full Home Address	3118 mes	sa verde In	el paso tx 7	79904						
Home Phone	(915) 751	-5300	Cell Ph	one		Email	ta	mara.baca73@gma	ail.com	
Own/Rent	\$ 0 Own		Years	There 20	Driv	vers Lience #	15878734	State	Тх	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Ph	one		Email				
Own/Rent	\$		Years	There	Driv	vers Lience #		State		
Business Home Bas	ed?	No I	_ocation:	Lease/Own	Leased	Lease Te	erm	Monthly	/ Rent	
Landlord / Mortgage	e Co. <u>E</u>	scrow Inc				Con	tact	Gil Malooly		
Contact Phone	_			Cell			E	mail		
Bank Name/Branch	Weststa	ır bank		Contact			Phone	e		
Trade Reference#1	Sysco fo	ods		Contact			 Phone	e		
Trade Reference#2	Seattle	fisj		Contact			Phone	e		
Trade Reference#3	Termini	x		Contact			— Phone	e		
I hereby represent that all	the above in	formation is t	rue and und	erstand that ma	king false state	ments might be co	onsidered fraud.	By providing the above	ve information, the	applicant(s)

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	Tamara Baca	Date	06/21/2017
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