

DBA Name		MOTHER ESTE	LE CATERING	Legal Name	ESTELLES LLC		
Type of Business		CORPORATE CATER		Tax ID	811074076	LLC	
Full Business Addre	ess	1555 BOTELHO	DR #116				
Full Billing Address							
Phone at Location (925		(925) 448-166	(925) 448-1662) 448-1662 Fax		
Business Email estelleresaturan		nt5000@gmail.co	m Website				
Years In Business		12	Average Ticket		Gross Annual Sales 1,200,000	.00	
Do you currently h	ave cash a	advance?	Yes With	who? FOWARD FINANCI	E, MANTIS Balance 34,00	0	
Current Credit Card Processor Average Processing Volume							
Last Month Vol.		#of T	ckets	2nd Month Vol.	#of Tickets		
3rd Month Vol.		#of T	ckets	4th Month Vol.	#of Tickets		
Owner #1 Name	CHERYL H	HARBOR		Title ceo			
Date of Birth	09/08/19	52		SSN 560-90-23	380		
Full Home Address	900 143rd avenue #66						
Home Phone	(925) 448	3-1662 Ce	I Phone (51	.0) 472-3733 Email	estellerestaurant5000@gmail	.com	
Own/Rent	\$ 0 Rent	t Ye	ars There 20	Drivers Lience # _n_	State California	rnia	
Owner #2 Name				Title			
Date of Birth				SSN			
Full Home Address							
Home Phone		Cel	I Phone	Email			
Own/Rent	\$	Ye	ars There	Drivers Lience #	State		
Business Home Bas	sed?	No Locatio	on: Lease/Own	Leased Lease Ter	mMonthly Rent		
Landlord / Mortgage	e Co. <u>ca</u>	arie scarver		Conta	act <u>4157558523</u>		
Contact Phone	_		Cell		Email		
Bank Name/Branch	chase		Contact o	customer service	Phone		
Trade Reference#1	us fooo	ds	Contact of	customer service	Phone		
Trade Reference#2			Contact		Phone	_	
Trade Reference#3			Contact		Phone		
I hereby represent that all	the above in	formation is true and	understand that making	n false statements might be con	usidered fraud. By providing the above informat	ion 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	CHERYL HARBOR	Date	03/16/2017