

						egal Name				
DBA Name		Rainbow Ches				-	ntzz Inc.			
Type of Business		Events/Educaion			Tax ID		47-534	47-5345599		Corp
Full Business Addre	SS	533 Air	port Blvd.,	Suite 400						
Full Billing Address										
Phone at Location	(650) 931-6885			E	550) 307-470	307-4700 Fax				
Business Email		lana@rainbowchefs.com			Website		www.ra	www.rainbowchefs.com		
Years In Business		1.5 Average T			cket		Gross A	nnual Sa	.00	
Do you currently ha	ave cas	sh advance	?	No \	Nith who? _				Balance	
Current Credit Card Processor						Avera	ge Processir	ng Volun	ne	
Last Month Vol.			#of Tick	ets		2nd Month Vo	ol		#of Tickets	
3rd Month Vol.			#of Tick	ets		4th Month Vo	ol		#of Tickets	
Owner #1 Name	Lana E	ilgart			Title	CEO				
Date of Birth	Lana Elgart 121067				SSN	458-51	-007/			
Full Home Address	225 arundel, burlingame, ca						- 3374			
Home Phone	(650) 307-4700 Cell Ph			hone	(650) 307-4	700 Email		lana⊚rai	nbowchefs.com	
Own/Rent	\$ 0 R			There	<u> </u>		a7016446			
OWN/Rent	\$ 0 10	CIIC				TIVEIS LICITCE #	47010440			
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address					•					
Home Phone			Cell P	hone		Email	_			
Own/Rent	\$ Own		Years There		Drivers Lience #			State		
Business Home Bas	ed?	No	Location	: Lease/Own	Leased	Lease T	erm		Monthly Rent	
Landlord / Mortgage	e Co.	Bay Area	Suites			 Co	ntact	C	 Greg Kuhl	
Contact Phone		(650) 373	3-2000	_ Cel	_			Email	greg@baya	areaoffices.com
Bank Name/Branch chase Con				Contact	wayland	wats	Pho	ne (415) 796-8551	
Trade Reference#1 highland rec center				- Contact	jeff Schv	wartz	—— Pho	ne ((650) 346-3515	
Trade Reference#2				- Contact			—— Pho	_		
Trade Reference#3				- Contact			—— Pho	_		
I hereby represent that all	the above	e information	is true and un	derstand that m	aking false stat	tements might he	considered frau	ıd. By prov	iding the above inform	nation, 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.

08/24/	2017
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