MoneyWorks >>	Sales Rep: Dominic

	BJs C	BJs Cabana Bar			Legal Name		BJs Tavern LLC		
Type of Business	Bar/F	Restaurant		Ta:	x ID	47-4203905		LLC	
Full Business Addre	ss <u>2122</u>	McCulloch Bl	vd. N.						
Full Billing Address									
Phone at Location	(928)	(928) 854-2122			est Phone (928)	230-4944	Fax	(949) 706-3660	
Business Email	chaz	chazherold@aol.com		Website		bjscabanaba			
Years In Business	12		Average Tick	cet		Gross Annua	l Sales	2.10	
Do you currently ha	ave cash advanc	ce?	Yes W	ith who? <u>Bi</u>	zFi		Bala	nce <u>\$160,000</u>	
Current Credit Card	d Processor				Average	Processing Vo	lume		
Last Month Vol.		#of Tick	ets		2nd Month Vol.		#of T	ickets	
3rd Month Vol.		#of Tick	ets		4th Month Vol.		#of T	ickets	
Owner #1 Name	Mark Thurber			Title	Member				
Date of Birth	09061949			SSN	565-78-70	45			
Full Home Address	5102 Briarhill Dr.	Yorba Linda,	Ca. 92886						
Home Phone	(714) 267-2233	Cell Pl	hone		Email	chazh	erold@aol.co	m	
Own/Rent	\$ <u>0 Own</u>	Years	There <u>714</u>	2672233 Dri	ivers Lience # RO)254399	State	Ca	
Own/Rent Owner #2 Name	\$ <u>0 Own</u>	Years	There <u>714</u>	2672233_Dri Title	ivers Lience # R()254399	State	<u>Ca</u>	
	\$ <u>0 Own</u>	Years	There <u>714</u>		ivers Lience # RO	0254399	State	<u>Ca</u>	
Owner #2 Name	\$ <u>0</u> Own	Years	There <u>714</u>	Title	ivers Lience # <u>R(</u> 	0254399	State	<u>Ca</u>	
Owner #2 Name Date of Birth	\$ <u>0</u> Own	Years Cell P		Title	ivers Lience # R(0254399	State	<u>Ca</u>	
Owner #2 Name Date of Birth Full Home Address	\$ 0 Own	Cell Pl		Title SSN		0254399	State	<u>Ca</u>	
Owner #2 Name Date of Birth Full Home Address Home Phone	\$ Own	Cell Pl	hone	Title SSN	 Email		State		
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent	\$ Own	Cell Pl Years Location:	none	Title SSN Dri	Email	n	State	nly Rent	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	\$ Own	Cell Pl Years Location: State Bank	none	Title SSN Dri	Email ivers Lience # Lease Tern	n	State Month Mohave S	nly Rent	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage	\$ Own sed? No e Co. Mohave (928) 85	Cell Pl Years Location: State Bank	none _ There Lease/Own	Title SSN Dri	Email ivers Lience # Lease Tern	n ct	State Month Mohave S	nly Rent tate Bank	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	\$ Own sed? No se Co. Mohave (928) 85	Cell Pl Years Location: State Bank 55-0000 Bank	none	Title SSN Dri	Email ivers Lience # Lease Tern Conta	n ct Emai	State Month Mohave S	nly Rent tate Bank	
Owner #2 Name Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	\$ Own eed? No ee Co. Mohave (928) 85 Mohave State Southern Glaz	Cell Pl Years Location: State Bank 55-0000 Bank ers	none	Title SSN Dri Owned	Email ivers Lience # Lease Tern Conta	n ct Emai Phone	State Month Mohave 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 relating to any of you, to Money Works Direct and to each of the Recipients on its own behalf

volks bifect and to each of the Keeplens, on its own behalf.									
Signature#1	Printed Name	Mark Thurber	Date	05/16/2017					
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