

DBA Name		Seaside			Le	egal Name		easide cafe			
Type of Business		Sole prop			T	Tax ID 6		618095055		Sole Prop	
Full Business Addre	SS	1327 she	ll beach rd	shell beac	h ca 93449)					
Full Billing Address											
Phone at Location	(805) 773-4360			!	Best Phone (805) 354-8280			Fax			
Business Email		Tbegovi	ch@aol.co	m		Website	_				
Years In Business		14		verage Tic	ket		Gro	oss Annual Sa	ales .	29,000.00	
Do you currently ha	ave cash	advance?	1	۱o ا	Nith who? _				Bala	nce	
Current Credit Card	l Process	or	-			Avera	ge Proc	essing Volum	ne		
Last Month Vol.			#of Ticket	is		2nd Month Vo	ol		#of T	ickets	
3rd Month Vol.			#of Ticket	is		4th Month Vo	ol		#of T	ickets	
Owner #1 Name	Tim Bego	ovich			Title	. Owner					
Date of Birth	1225197				. SSN		-5055				
Full Home Address		lward ave									
Home Phone	(805) 354	4-8280	Cell Pho	one		Email		tbegovich	n@aol.cor	n	
Own/Rent	\$ 0 Own		— Years T	here 14	D	Privers Lience #	B3045		State	Ca	
			-						_		
Owner #2 Name					Title	!					
Date of Birth					SSN						
Full Home Address					•						
Home Phone			Cell Pho	ne		Email					
Own/Rent	\$		Years T	here	D	rivers Lience #			_State		
Business Home Bas	ed?	No	Location: I	_ease/Own	Leased	Lease T	erm		Montl	nly Rent	
Landlord / Mortgage	 e Co					Co	ntact			-	
Contact Phone	_			Cel	I _			Email	_		
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone —			
Trade Reference#3				Contact				Phone —			
I hereby represent that all	the above ir	nformation is	true and unde	rstand that m	aking false sta	tements might he	considere	ed fraud. By provi	ding the al	ove information	n, 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Tim Begovich	Date	01/24/2018