

DBA Name	Papa Frank's Gyros		Legal Name	Saeber Enterprise inc	
Type of Business	Restuarant		Tax ID	47-5618848	Corp
Full Business Address	10806 S Cicero Ave Oak Lawn, IL 60453				
Full Billing Address					
Phone at Location	(708) 741-4014		Best Phone	(708) 741-4014	Fax (708) 425-0660
Business Email	FRANK@PAPAFRANKSGYROS.COM		Website	www.papafranksgyros.com	
Years In Business	10 m	Average Ticket		Gross Annual Sales	180,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

<b>Owner #1 Name</b>	frank		Title	owner / manager	
Date of Birth	08/21/1961		SSN	331-60-9033	
Full Home Address	9817 54th ave				
Home Phone	(815) 341-3519	Cell Phone	(815) 341-3519	Email	frank.saenz1@yahoo.com
Own/Rent	\$ 0 Own	Years There	8153413519	Drivers Lience #	s52027861238 State IL
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Oak Tree Management			Contact	Frank Kopanis
Contact Phone	(708) 655-4766	Cell	(708) 655-4766	Email	fkopanis@comcast.net

Bank Name/Branch	TCF	Contact	Dee Vanderveen	Phone	(800) 823-2265
Trade Reference#1	Chefs Quality Meats	Contact	jimmy	Phone	(708) 333-0880
Trade Reference#2	Farmers insurance	Contact	MaryEllen Ciesla	Phone	(708) 499-5150
Trade Reference#3	Pepsico	Contact	Austin	Phone	(773) 255-5614

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 pertinent 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 above listed business and business owner/officer (individually and collectively, "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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Frank Saenz	Date	10/16/2016
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