

DBA Name		Frankies pub&g	arill	L	egal Nam	e	Frankies pub&grill		
Type of Business		Resturaunt			Tax ID		32-0206414	LLC	
Full Business Address		2218 indiana ave sheboygan, wi 53081							
Full Billing Address	.55		<u> </u>						
Phone at Location		(920) 459-7000			Best Phone (262)		689-2037 Fax	(920) 459-8031	
Business Email		Frankies_pub@yahoo.com					Frankiespubgrill		
Years In Business	9		Average Ticket		<u></u>		Gross Annual Sales 375,000.00		
Do you currently h	ave cash a	advance?	Yes W	ith who?	On deck		Balan	ce 47,000	
Current Credit Card	d Processo	or		_	A	Average	Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.		nth Vol.	#of Tid	ckets	
3rd Month Vol.		 #of Ti	ckets		4th Mon	nth Vol.	#of Tid	ckets	
Owner #1 Name	Jesse Fran	nk		Title	e <u>C</u>	wner			
Date of Birth	01-22-1981			SSN 387-88-43		87-88-43	95		
Full Home Address	2218 india	ana ave. Sheboyga	an wi 53081						
Home Phone	(262) 689	-2027 Cel	l Phone	(262) 689-2	2027 E	mail	frankies_pub@yaho	o.com	
Own/Rent	\$ <u>0 Own</u>	Yea	ars There 9		Privers Lier	nce # <u>F6</u>	552-4308-1022-01 State	Wisconsin	
Owner #2 Name				Title					
Date of Birth				SSN	_				
Full Home Address		Col	I Dhana			mail			
Home Phone	Cell P		_		Email "				
Own/Rent	\$	Ye	ars There		Drivers Lien	nce #	State		
Business Home Bas	sed?	No Locatio	n: Lease/Own	Owned	Le_	ase Tern	nMonthl	y Rent	
Landlord / Mortgag	e Co					Conta	ct		
Contact Phone	_		Cell	_			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 inf	formation is true and	understand that mal	king false sta	atements mi	ght be cons	idered fraud. By providing the abo	ve information, 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 Print	ed Name Jesse F	Frank Dat	ite (07/29/2016
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