

DBA Name		Saver Liq	uor		Le	gal Name	SJ Ca	pital Inv	estment l	nc	
Type of Business		Liquor St				x ID		790444			Corp
Full Business Addre	iss		erly Blvd. LA CA 9	0004							
Full Billing Address			,								
Phone at Location		(213) 383	3-6095		В	Sest Phone			Fax		
Business Email			@gmail.com			Website					
Years In Business		1	Average	Ticke	 et		Gross	Gross Annual Sales 700,000.00			
Do you currently h	ave cash		Yes		th who? G	reen Boy				ance 35000	
			163	VVII	wiio: <u>G</u>				_	33000	
Current Credit Card	Process	sor				Averag	ge Proces	sing Vol	ume		
Last Month Vol.			of Tickets			2nd Month Vol	l		_ #of	Tickets	
3rd Month Vol.			of Tickets			4th Month Vol	ı		#of ¹	Tickets _	
Owner #1 Name	Susan P	ak			Title	CEO					
Date of Birth	07/24/1	980			SSN	617-18-9	9427				
Full Home Address	1133 S.	Hoover St, 10	1								
Home Phone	(213) 22	20-3002	Cell Phone	(2	213) 220-30	002 Email		22030	02@gmail.d	com	
Own/Rent	\$ <u>0 Ow</u>	/n	Years There	2132	203002 Dr	ivers Lience #	B705344	4	State	CA	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Phone			Email					
Own/Rent	\$		Years There		Dr	ivers Lience #			State		
Business Home Bas	sed?	No L	ocation: Lease/C)wn	Leased	Lease Te	erm _		Mont	thly Rent _	
Landlord / Mortgage	e Co.	Realty Land				Con	itact		2132520	073	
Contact Phone	-			Cell				Emai	<u> </u>		
Bank Name/Branch	Hanmi	Bank	Conta	act	Western		Р	hone	(213) 42	7-5751	
Trade Reference#1			Conta	act			P	hone			
Trade Reference#2			Conta	act			—— Р	hone			
Trade Reference#3			 Conta					hone			
I hereby represent that all	the above	information is tr	ue and understand th	at maki	ng false state	ements might be co	onsidered fr	raud. Bv ni	roviding the a	bove 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 authorized 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	Printed Name	Susan Pak	Date	01/30/2017