

DBA Name	iam	ıba Juice		Le	egal Name		Main Street c	afe. LLC		
Type of Business		Food Service			Tax ID		47-4440577			LLC
Full Business Addre	-	S Upper, Lexii	ngton, KY 40	-		,				
Full Billing Address		• •	_ -							
Phone at Location	(85	9) 523-2421		I	Best Phone(859) 6	521-8760	Fax	(859) 3	868-7796
Business Email	jim@bgburgers.com				Website		jambaJuice.co	om		
Years In Business	1.8	1.8 Average Tick			ket		Gross Annual Sales 225			
Do you currently ha	ave cash adva	nce?	No \	With who? _				Bala	ance	
Current Credit Card Processor Average Processing Volume										
Last Month Vol.		#of Tick	ets		2nd Month \	/ol.		#of	Tickets	
3rd Month Vol.		#of Tick	ets		4th Month V	/ol.		#of	Tickets	
Owner #1 Name	Jim Phelps			Title -	Sole r	nembe	er			
Date of Birth	11251943			SSN -						
Full Home Address	621 Lakeshore	Dr, Lexington,	KY 40502							
Home Phone	(859) 621-8760	Cell P	hone	(859) 621-8	3760 Email		baron1	10cw@gm	ail.com	
Own/Rent	\$ <u>0 Own</u>	Years	There 31		rivers Lience #	<u>P95</u>	198 088	State	KY	
Owner #2 Name				Title						
Date of Birth				SSN -						
Full Home Address Home Phone		Cell P	hono		Email					
Own/Rent			There		 Privers Lience #		-	State		
Own/Kent	\$				Tivers Lience #				-	
Business Home Bas	ed? No	Location	: Lease/Own	Owned	Lease	Term		Mont	thly Rent	
Landlord / Mortgage	e Co				С	ontact	t			
Contact Phone			_ Cel	II _			Email	_		
Bank Name/Branch	Central Bank	<u> </u>	Contact	Jordon (Owens		Phone	(859) 25	3-6181	
Trade Reference#1			- Contact				Phone			
Trade Reference#2			- Contact				Phone			
Trade Reference#3			- Contact				Phone			
		<u>-</u>			<u>-</u>				<u> </u>	

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	Printed Name	Jim Phelps	Date	02/23/2017
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