

DBA Name	Aladdins Cafe		Legal Name	Aladdins Cafe LLC	
Type of Business	Restaurant		Tax ID	46-1670536	LLC
Full Business Address	37 Bank St #2				
Full Billing Address					
Phone at Location	(502) 489-7969		Best Phone	(502) 819-2043	Fax (000) 000-0000
Business Email	cafealaddins@yahoo.com		Website	www.thealaddinscafe.com	
Years In Business	3	Average Ticket		Gross Annual Sales	190,000.00
Do you currently have cash advance?	Yes	With who?	Fusion Capital		Balance \$18000
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>	Majid Sajaja		Title	owner	
Date of Birth	20/07/1958		SSN	564-53-7026	
Full Home Address	3029 E. Lobo Ridge				
Home Phone	(502) 819-2043	Cell Phone	(502) 819-2043	Email	cafealaddins@yahoo.com
Own/Rent	\$ 0 Rent	Years There	5028192043	Drivers Lience #	7760-08-9275
				State	Indiana
<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.	Carter mgmt. Co.			Contact	Andy Carter
Contact Phone		Cell	(502) 644-2989	Email	

Bank Name/Branch	PNC /New Albany	Contact	Mgr. Kirstin	Phone	(812) 949-6682
Trade Reference#1	Signs Now	Contact	Adam	Phone	(812) 590-8848
Trade Reference#2	Oliver Insurance Agency	Contact	Alex	Phone	(812) 786-3473
Trade Reference#3	Restaurant Depot	Contact	Brad. Equipments mgr	Phone	(502) 635-8736

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

Majid Sajaja

Date

12/04/2016