

DBA Name		DiscoveryFEST		Legal Name		DiscoveryFEST Enrichment Program		
Type of Business		Education		Tax ID		81-2208793		LLC
Full Business Addre	:SS	4721 Lau	rel St.					
Full Billing Address								
Phone at Location		(504) 517-3043		Best Phone		Fax		
Business Email					Website			
Years In Business		1.2	Average Ti	icket		Gross Annual Sale	es <u>220,000.00</u>	
Do you currently ha	ave cash	advance?	Yes	With who? Lend	lini		Balance 7000	
Current Credit Card Processor Average Processing Volume							<u> </u>	
Last Month Vol.			#of Tickets	2n	d Month Vol.		#of Tickets	
3rd Month Vol.			#of Tickets	4t	h Month Vol.		#of Tickets	
Owner #1 Name	Sean Tat	e		Title	Executive [Director		
Date of Birth	07-16-1986			SSN 438-61-74				
Full Home Address	4721 Lau	urel St.		_				
Home Phone	(504) 61	5-4971	Cell Phone	(504) 615-4971	Email	hello@disc	overyfestnola.com	
Own/Rent	\$ <u>0</u> Ren	nt	Years There	Drive	rs Lience #	State		_
Owner #2 Name				Title –				
Date of Birth				SSN -				
Full Home Address Home Phone			Cell Phone		Email			
Own/Rent			Years There	Drive				
Own/Rent	\$		- rears mere	Drive	rs Lience #		State	_
Business Home Bas	sed?	Yes	Location: Lease/Owi	n <u>Leased</u>	Lease Term	1	Monthly Rent	
Landlord / Mortgage	e Co				Contac			
Contact Phone	_		Ce	ell		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 ir	nformation is t	true and understand that r	making false stateme	ents might be consi	dered fraud. By providi	ng the above information, the	e 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	Printed Name	Sean Tate	Date	07/27/2017