

DBA Name		Lil Brillia	nt Mindz		1.0	egal N	lame	Lil Brilliant N	Mindz I I C.		
Type of Business		Childcar			Tax ID		475140386			LLC	
Full Business Address		11457 Shoemaker				ux ib		173110300		_	LLC
Full Billing Address	55	11137 311	ocmarc.								
Phone at Location		(313) 924-8130				Best Phone (313)		236-4679	Fax		
Business Email		lilbrilliantmindz@gmail.com						www.lilbrilliantmindz.com			
Years In Business		3 Average			icket			Gross Annual Sales 700,000.00		0,000.00	
Do you currently ha	ive cash a	advance?		No \	With who? _				 Balanc	e	
Current Credit Card Processo		or				_	Average	Processing Vo	lume _		
Last Month Vol.			#of Tick	ets		2nd	Month Vol.		#of Tick	cets	
3rd Month Vol.			#of Tick	ets		4th	Month Vol.		#of Tick	cets	
				<u> </u>	<u> </u>						
Owner #1 Name	Angela Ha	ayes			Title	9	owner				
Date of Birth	05-11-197	05-11-1974			SSN 372-82-81		372-82-813	34			
Full Home Address	22018 Tin	nberidge St									
Home Phone	(313) 236	-4679	Cell P	hone	(313) 236-4	4679	Email	mcea	ddy@me.com		
Own/Rent	\$ <u>0 Own</u>		Years	There 4		Orivers	 Lience # _H2	200067139359	State	Michigan	
Owner #2 Name					Title	9					
Date of Birth					SSN	I					
Full Home Address											
Home Phone			Cell P	hone			Email				
Own/Rent	\$		Years	There		Orivers	Lience #		State		
Business Home Base	ed?	No I	Location	: Lease/Own	Leased	ł	Lease Tern	n	Monthly	Rent	
Landlord / Mortgage	Co. S	amartain (Center				- Conta	ct	Mark Owen		
Contact Phone	(3	313) 314-0)615	_ Cel	I			Ema	il		
Bank Name/Branch	Comerio	a Bank		Contact	Jonalyn	Wilso	n	Phone	(248) 398-9	9501	
Trade Reference#1				- Contact				– Phone			
Trade Reference#2				Contact				– Phone			
Trade Reference#3				Contact				– Phone			
I hereby represent that all t	he above inf	formation is t	rue and un	-	aking false sta	atement	s might be cons	_	providing the above	e information. the a	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	Angela Hayes	Date	06/06/2018