

DBA Name		NCCT				_Legal Name		North Carolina College of Theology			<u>/</u>	
Type of Business		Education			T	_Tax ID		75-3113590				Corp
Full Business Addre	SS	1111 The	e Cape BLV	D Wilmingt	ton, NC 284	412						
Full Billing Address												
Phone at Location		(910) 3	95-5593			Best Pho	one <u>(910)</u>	232-133	2	Fax	(910)	395-5551
Business Email		timcook@ncctonline.com				Website			www.ncctonline.com			
Years In Business		18		Average Tid	cket _			Gross A	nnual Sa	les	550,000.00)
Do you currently ha	ave cas	sh advance?		No \	With who? .					Bala	ance	
Current Credit Card Processor						_	Average	Processin	ng Volum	ie		
Last Month Vol.			#of Ticke	ts		2nd M	onth Vol.			#of	Tickets	
3rd Month Vol.			#of Ticke	ts		4th Mo	onth Vol.			#of	Tickets	
Owner #1 Name	Dr Tin	aathy Caal			Title		Eve sutive \	ı/D				
Date of Birth	10-03-	nothy Cook			- SSN		258-61-459					
Full Home Address			Carolina Do	ach NC 204	-		230-01-435	90				
		Blanche Ave,		-		1222	F!l		times als	nectonli	ina sam	
Home Phone		232-1332	Cell Ph		(910) 232-		Email	_	timcook@			
Own/Rent	\$ <u>0 R</u>	ent	_ Years	There <u>9</u>		Drivers Li	ence # <u>27</u>	133052		State	NC	
Owner #2 Name					Title	2						
Date of Birth					- SSN							
Full Home Address					-	•						
Home Phone			Cell Ph	one			Email					
Own/Rent	\$		Years	There		Orivers Li	ence #	_		State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	<u> </u>	_ease Tern	n		Mont	thly Rent	
			-			<u> </u>		-	D.		•	
Landlord / Mortgage	e Co.	Herring Ba					Conta		_	enise M	162261	
Contact Phone		(806) 378-	1815	Ce				_	Email	-		
Bank Name/Branch				Contact				Pho	ne			
Trade Reference#1				Contact				Pho	ne			
Trade Reference#2				Contact				 Pho	ne			
Trade Reference#3				Contact				– Pho	ne			
I hereby represent that all	the above	nformation is	true and und	erstand that m	aking false st	atements r	might he cons	idered frau	d By provid	ding the a	hove informat	on 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 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	Dr. Timothy Cook	Date	11/18/2019