

DBA Name		SACRAMENTO MONTESSORI SCHOOL				Legal Name		12th Street Collaborative for Montessori Education, LLC			
Type of Business		Early Childhood Education/Infant-Toddler Education				Tax ID		94-3334212			LLC
Full Business Address		1123 D Str									
Full Billing Address											
Phone at Location		(916) 444-7786				Best Phone (916)) 801-1321	Fax	(916) 4	44-7987
Business Email		foundcen@aol.com				Website		www.MontessoriSacramento.com			
Years In Business		13 Average Ticke			et			Gross Annual Sales 985,000.00			
Do you currently have cash a		advance?		No Wi	- ?th who				Bal	ance	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.	#of Tickets				2nd N	Month Vol.		#of Tickets			
3rd Month Vol.	#of Ticket					4th Month Vol.			#of Tickets		
Owner #1 Name	Marilyn K Prosser Titl					tle Administrator					
Date of Birth	11-12-1943 SSN <u>565-54-8951</u>										
Full Home Address	2310 Capital Avenue, No. 14										
Home Phone	(916) 801	6) 801-1321									
Own/Rent	\$ <u>0 Rent</u>	Rent Years There									
Owner #2 Name					Tit	le					
Date of Birth					SS	N					_
Full Home Address											
Home Phone	Cell Phone				Email						
Own/Rent	\$		Years T	here		Drivers I	ience # _		State		
Business Home Based? No Location: Lease/Own Leased Lease Term								Mon	thly Rent		
Landlord / Mortgage	. Co. <u>M</u>	lidwest-FAC					Conta	act	Julie Anr	ne Tumia	
Contact Phone	(5	85) 377-28	10	Cell	<u>(</u>	(585) 3	77-2901	Email	<u>דر</u>	Tumia@Midw	vest-FAC.com
Bank Name/Branch	American River Bank/Gold			Contact	Laurie Becker			Phone	(916) 2	231-6222	
Trade Reference#1	Horse Janitorial			Contact	Rena Horse			— Phone	(916) 617-9939		
Trade Reference#2	Produce Express			Contact	John			— Phone	(916) 417-9861		
Trade Reference#3	Pinnacle Pest Control			Contact	John			— Phone	(916) 410-3456		

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 Marilyn K Prosser Date 05/15/2018