

DBA Name		Elite Acad	emy School of Ex	cellence L	egal Name		Elite Academy School of Excellence	
Type of Business		corp			Tax ID		36-4748284 Cor	ъ
Full Business Addre	SS	2950 north	west 62nd st, Fo	rt Lauder Da	e fl 33309			_
Full Billing Address								
Phone at Location		(954) 638-0920			Best Phone		Fax	
Business Email		-			Website	9		
Years In Business 5		5	Average Ticket				Gross Annual Sales <u>250,000.00</u>	
Do you currently ha	ave cash a	advance?	No	With who?			Balance	_
Current Credit Card Processo		or			Average		Processing Volume	_
Last Month Vol.		#	of Tickets		2nd Month	Vol.	#of Tickets	_
3rd Month Vol.		#	of Tickets		4th Month	Vol.	#of Tickets	_
Owner #1 Name	Tabarus V			Title				
Date of Birth	3/11/1983			SSN	590-	2-8-67	'	_
Full Home Address			auderdale, FL 3331	.1				_
Home Phone	(954) 638	3-0920	Cell Phone		Ema	ail	tbwright@ellioteschoolsacademy.com	_
Own/Rent	\$ 0 Rent	\$ 0 Rent Years There		Drivers Lience #		#	State	
Owner #2 Name				Title				
Date of Birth				SSN	l			
Full Home Address								
Home Phone			Cell Phone		Ema	ail		
Own/Rent	\$		Years There	[	Orivers Lience	#	State	
Business Home Bas	ed?	No Lo	ocation: Lease/Ov	vn <u>Lease</u> c	Leas	e Term	Monthly Rent	
Landlord / Mortgage	e Co					Contac		_
Contact Phone	_			Cell _			Email	
Bank Name/Branch			Contac				Phone	
Trade Reference#1			Contac	ct			Phone	_
Trade Reference#2			 Contac	 ct			Phone	_
Trade Reference#3			Contac	ct			Phone	_
I hereby represent that all	the above in	formation is tru	e and understand that	t making false st	atements might	he consi	dered fraud. By providing the above information, the applicant	t(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	Tabarus Wright	Date	04/19/2018