

DBA Name		Lil Brilliant Mindz		Legal Name		Lil Brilliant Mindz LLC		
Type of Business		Daycare Center		Tax ID		475140386		LLC
Full Business Addre	SS	11457 Shoem	aker					
Full Billing Address								
Phone at Location (313) 924-8130		30	Best Phone (31:		919-8556	Fax		
Business Email		mceaddy@me.com		Website		www.lilbrilliantmindz.com		
Years In Business	2		Average Tick	verage Ticket		Gross Annual Sales 40,00		
Do you currently h	ave cash a	advance?	Yes W	ith who? BUF F	inancial		Balance <u>14,000</u>	
Current Credit Card	or		Average Processing Volume					
Last Month Vol.		#of	Tickets	2nd	l Month Vol.		#of Tickets	
3rd Month Vol.		#of ⁻	Tickets	4th	Month Vol.		#of Tickets	
Owner #1 Name	Angela Ha	ayes		Title	owner			
Date of Birth	05-11-19	74		SSN	372-82-813	4		
Full Home Address	22018 Timberidge							
Home Phone	(313) 919-8556 Cell Phone Email lilbrilliantmindz@gmail.com							
Own/Rent	\$ <u>0 Own</u> Years There			<u>4</u> Drivers Lience # <u>H200067139359</u> State <u>michigan</u>				
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address			all Dhara		Email			
Home Phone			ell Phone -					
Own/Rent	\$	Y	ears There	Drivers	s Lience #		State	
Business Home Bas	ed?	No Locat	tion: Lease/Own	Leased	Lease Term	_	Monthly Rent	_
Landlord / Mortgage	e Co. S	amartain Cente	er		Contac	t	Mark Owen	
Contact Phone	<u>(3</u>	313) 579-4100	Cell			_ Emai	l	
Bank Name/Branch Comerica Bank			Contact	Jonalyn Wilse	on	Phone	(248) 398-9501	
Trade Reference#1 none			Contact			Phone		
Trade Reference#2			 Contact			- Phone		
T	-					-		
Trade Reference#3			Contact			Phone -		

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	03/14/2017
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