

DBA Name	Little dreams daycare	Legal Name	Little Dreams Academy	
Type of Business	Child care	Tax ID	473112889	Corp
Full Business Address	680 broadway			
Full Billing Address				
Phone at Location	(973) 523-2482	Best Phone	(862) 276-0303	Fax (973) 341-6281
Business Email	littledacademy@outlook.com	Website	www.standforchildren1.com	
Years In Business	4	Average Ticket		Gross Annual Sales 150,000.00
Do you currently have cash advance?	No	With who?		Balance
Current Credit Card Processor		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	Renee Fletcher	Title	Sponsor
Date of Birth	07081988	SSN	153-84-5830
Full Home Address	105 Presidential boulevard		
Home Phone	(862) 276-0303	Cell Phone	(862) 276-5934
		Email	littledacademy@outlook.com
Own/Rent	\$ 0 Rent	Years There	15
		Drivers Lience #	H06825248105523
		State	nj
Owner #2 Name		Title	
Date of Birth		SSN	
Full Home Address			
Home Phone		Cell Phone	
		Email	
Own/Rent	\$	Years There	
		Drivers Lience #	
		State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	PPmnj			Contact	Scott Dubose		
Contact Phone	(973) 460-2595	Cell	(973) 460-2595	Email	anthonydubose2003@yahoo.com		

Bank Name/Branch	City National Bank	Contact	A. Nuchinglow	Phone	(973) 624-0866
Trade Reference#1	MSE Food	Contact	M. Carter	Phone	(973) 489-8549
Trade Reference#2	Paterson Task Force	Contact	David S.	Phone	(973) 931-4795
Trade Reference#3	Taskalfa	Contact	K. Reid	Phone	(973) 836-8415

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 owenet/officer (individually and collectively, "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 informaiton 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	Renee Fletcher	Date	11/06/2017
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