

DBA Name	Overcomers Day Services, LLC		Legal Name	Overcomers Day Services, LLC	
Type of Business	Professional Behavioral Health Services		Tax ID	26-4013945	LLC
Full Business Address	2310 Park Lake Drive, Suite 166, Atlanta Ga 30345				
Full Billing Address					
Phone at Location	(804) 502-0288		Best Phone	(804) 502-0288	Fax (804) 482-2947
Business Email	odslc2012@juno.com		Website	overcomers4youth.com	
Years In Business	8.5	Average Ticket		Gross Annual Sales	434,471.00
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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Marcel Higgins		Title	President/Counselor	
Date of Birth	03/26/1964		SSN	434-27-7186	
Full Home Address	705 Grand Reserve Drive Sawanee Ga 30024				
Home Phone	(804) 502-0288	Cell Phone	(804) 502-0288	Email	odslc2012@juno.com
Own/Rent	\$ 0 Rent	Years There	1.5	Drivers Lience #	T69888377
				State	Virginia
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.	Boxer Properties		Contact	Manager	
Contact Phone	(877) 777-7368	Cell	(877) 777-7368	Email	tenants@boxerproperty.com

Bank Name/Branch	Regions Bank	Contact	Asst. Manager	Phone	(800) 734-4667
Trade Reference#1	Farmers Insurance	Contact	Darrel Abernathy	Phone	(678) 266-8357
Trade Reference#2	Tax Rep	Contact	Joe	Phone	(914) 539-7631
Trade Reference#3	LCSW	Contact	Anita Stoudmire	Phone	(804) 683-6998

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 pertinent 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 above listed business and business owner/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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Marcel Higgins	Date	09/05/2019
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