

DBA Name	N	ONE		Leg	al Name	Active Academ	ics Center	
Type of Business	<u>D</u>	aycare		Tax	: ID	472122287		Corp
Full Business Addre	ss <u>50</u>	2 N Central Av	e Valley Strear	n, NY 11580)			
Full Billing Address	_							
Phone at Location	(9	917) 584-9831		Ве	est Phone (917)	584-9831	Fax	
Business Email	activeacademicsinc@gma		sinc@gmail.cor	il.com Website		www.activeacademicsinc.com		
Years In Business	2		Average Tick	cet		Gross Annual S	ales <u>85,000.00</u>	
Do you currently ha	ave cash adv	ance?	No W	ith who?			Balance	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tic	kets	2	2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	Eva Bellia			Title	President			
Date of Birth	08-20-86			SSN	134-76-796	52		
Full Home Address	456 Lido Parl	kway Lindenhurs	st, NY 11757					
Home Phone	(917) 584-98	31 Cell	Phone ((917) 584-983	31 Email	evafaith	bellia@gmail.com	
Own/Rent	\$ 0 Own	Yea	rs There 2	Driv	vers Lience # 86	2496679	State New York	
Owner #2 Name								
				Title				
Date of Birth				Title SSN				
Date of Birth Full Home Address								
Date of Birth Full Home Address Home Phone			Phone _	SSN	Email			
Date of Birth Full Home Address	\$		Phone	SSN	Email vers Lience #		State	
Date of Birth Full Home Address Home Phone		Yea	_	SSN			State Monthly Rent	
Date of Birth Full Home Address Home Phone Own/Rent	ed? No	Yea	rs There	SSNDriv	vers Lience #	-		
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas	ed? No	Yea	rs There	SSNDriv	vers Lience # Lease Term	-	Monthly Rent	vc.com
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage	ed? No	Yea D Location The property of the property	n: Lease/Own	SSNDriv	Lease Term Contac		Monthly Rent	vc.com
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone	ed? Note Co. Sunr (516 Chase	Yea Location This is a second of the secon	n: Lease/Own		Lease Term Contac	Email	Monthly Rent 516-596-7222 info@gatewayny	rc.com
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch	ed? Note Co. Sunr (516 Chase	Location y Phillip	n: Lease/Own Cell Contact		Lease Term Contact 6) 596-7222 -1900 a Hughes	Email Phone	Monthly Rent 516-596-7222 info@gatewayny (516) 587-1900	rc.com
Date of Birth Full Home Address Home Phone Own/Rent Business Home Bas Landlord / Mortgage Contact Phone Bank Name/Branch Trade Reference#1	ed? No e Co. Sunr (516 Chase Kiddie Kab Child Deve Special	Location Phillip 596-7222	rs There n: Lease/Own Cell Contact Contact	Driv Leased (51) 516-587- Margartia	Lease Term Contact 6) 596-7222 -1900 a Hughes Grazia	Email Phone Phone	Monthly Rent	rc.com

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Eva Bellia	Date	11/30/2016