

DBA Name	Rainbow Garden Preschool & Dolphi After-School Enrichment Program			l Name	Cape Fear Child Development Center		r
Type of Business	Child Care		 Tax ID		20-3047002		Corp
Full Business Address	s Address 1497 Country Club Rd						
Full Billing Address							
Phone at Location	(910) 233-8594	(910) 233-8594		Best Phone		Fax	
Business Email	stephn@capefear	stephn@capefearchild.org		Website		www.capefearchild.org	
Years In Business	10	Average Ticket	t		Gross Annual Sales 250,000.00		
Do you currently have o	cash advance?	No With	h who?			Balance	
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#of Ticke	ets	2nd	d Month Vol.	#of Tickets		
3rd Month Vol.	#of Tick	#of Tickets		n Month Vol.	ol #of Tickets		
	oh Nestor		Title	Director	.0		
	3/1971 Olde Point Loop		SSN	566-91-196	08		
	0) 233-8594 Cell Ph	none		Email	stenhn	@capefearchild.org	
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Ψ_				<u> </u>			<u> </u>
Owner #2 Name			Title				
Date of Birth			SSN				
Full Home Address							
Home Phone	Cell Ph	Cell Phone		Email			
Own/Rent \$	Years	Years There Drivers Lience # State					
Business Home Based?	No Location:	Lease/Own	Leased	Lease Term	1	Monthly Rent	
Landlord / Mortgage Co	Jeff Beaudoin			Contac	ct	Jeff Beaudoin	
Contact Phone	(910) 233-8594	Cell			_ Email	jjbeaudoing@ms	sn.com
Bank Name/Branch So	uthState Bank	Contact			Phone		
Trade Reference#1 Ve	rizon Wireless	Contact	Customer S	ervice	– Phone	(866) 845-9208	
Trade Reference#2 AT	Т	- Contact	Customer S	ervice	– Phone	(877) 449-4866	
Trade Reference#3 Ch	arter Communications	Contact	Customer S	ervice	– Phone –	(800) 432-2288	

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	Steph Nestor	Date	12/21/2016