

DBA Name	Symphony Seven School of Arts & Technology		Legal Name	LFCC Outreach Development Corporation	
Type of Business	Education		Tax ID	90-0434655	Corp
Full Business Address	1410 East Indian Head Drive Suite 2				
Full Billing Address					
Phone at Location	(850) 878-1752		Best Phone	(850) 878-1752	Fax (850) 878-1269
Business Email	qlowe@symphonyseven.org		Website	www.symphonyseven.org	
Years In Business	5	Average Ticket		Gross Annual Sales	483,964.15
Do you currently have cash advance?	Yes	With who?	Kabbage		Balance 2296.32
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	Samuel Simmons		Title	CEO	
Date of Birth	11-9-73		SSN	249-41-3278	
Full Home Address	3765 Four Oaks Blvd				
Home Phone	(850) 878-1752	Cell Phone	(850) 345-2382	Email	qlowe@symphonyseven.org
Own/Rent	\$ 0 Rent	Years There	1	Drivers Lience #	S552-792-73-409-0 State Florida
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.	Love & Faith Community Church			Contact	Julia Cunningham
Contact Phone	(850) 878-4930	Cell	(850) 345-2305	Email	jcunningham@thelfcc.org

Bank Name/Branch	Hancock Bank	Contact		Phone	(850) 325-6595
Trade Reference#1	Comcast	Contact		Phone	(800) 391-3000
Trade Reference#2	Service Plus	Contact		Phone	(850) 402-0646
Trade Reference#3	Love & Faith Community Ch	Contact	Julia Cunningham	Phone	(850) 345-2305

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

Samuel Simmons

Date

01/13/2017