MoneyWorks > Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646.417	7.5809
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DBA Name		English fo	r a Lifetime, LLC	Le	gal Name	English for a	Lifetime, LLC	
Type of Business		English fo	r a Lifetime, LLC	Ta	ax ID	English for a	Lifetime, LLC	LLC
Full Business Addre	:SS	3069 Amw	iler Road, Suite 4					
Full Billing Address								
Phone at Location	Phone at Location (678) 694-8344		E	Best Phone (678) 694-8344 Fax				
Business Email	s Email efl2012@englifeglobal.org		Website		www.englifeglobal.org			
Years In Business		5	Average Ti	cket		Gross Annua	Sales <u>125,000.0</u>	00
Do you currently h	ave 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	Joel Floy	d		Title	Founder an	d Owner		
Date of Birth	0802198			– SSN	594-07-368			
Full Home Address	2625			_				
Home Phone	(678) 69	4-8344	Cell Phone		Email	englif	e205@gmail.com	
Own/Rent	\$ 0 Ow	n	Years There	Dı	rivers Lience #		State	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone			Cell Phone		Email			
Own/Rent	\$	_	Years There	Dı	rivers Lience #		State	
Business Home Bas	sed?	No Lo	ocation: Lease/Owr	n <u>Leased</u>	Lease Term	1	Monthly Rent	1,095.00
Landlord / Mortgage	e Co. <u>l</u>	_arry Bentel	У		Contac	ct	7702162600	
Contact Phone	<del>-</del>		Ce	<u> </u>		_ Emai	l	
Bank Name/Branch	Bank o	f N GA	Contact	Ms. Alici	a Hemphill	Phone	(678) 516-4471	
Trade Reference#1			Contact			Phone		
Trade Reference#2			Contact			- Phone		
Trade Reference#3			Contact	<u> </u>		- Phone		
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)								

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 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	Joel Floyd	Date	04/12/2017