

DBA Name	Optimum Pediatric Services, LLC.		Legal Name	Optimum Pediatric Services, LLC.	
Type of Business	Nursing Services		Tax ID	47-2554867	LLC
Full Business Address	2058 Reserve Parkway, Mc donough, GA. 30253				
Full Billing Address					
Phone at Location	(888) 668-7311		Best Phone	(470) 699-0428	Fax (888) 668-7314
Business Email	optimumpediatricsvcs@gmail.com		Website	www.optimumpediatricservicesllc.com	
Years In Business	4 yr	Average Ticket		Gross Annual Sales	1,500,000.00
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.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	Chidley Lafontant		Title	Nurse Administrator	
Date of Birth	11/19/1950		SSN	325-48-1204	
Full Home Address	1141 Bowlin Drive, Locust Groove, Ga. 30248				
Home Phone	(888) 668-7311	Cell Phone		Email	chidley@optimumpediatrics.com
Own/Rent	\$ 0 Own	Years There	5	Drivers Lience #	
				State	Georgia
Owner #2 Name	Chidley Lafontant		Title	CEO	
Date of Birth			SSN	330-70-2829	
Full Home Address	306 corrigan Trace				
Home Phone	(470) 699-0428	Cell Phone		Email	chidley@optimumpediatrics.com
Own/Rent	\$ Own	Years There		Drivers Lience #	060145304
				State	Georgia

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	Ludmilla Fequiere			Contact	8886687311		
Contact Phone		Cell		Email	optimumpediatricsvcs@gmail.com		

Bank Name/Branch	Wells Fargo	Contact		Phone	
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		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) 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 aboe listed business and business owenet/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 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 informaiton 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

Chidley Lafontant

Date

01/29/2019