

DBA Name	Waterford	d Academy LLC	Le	egal Name	Waterford Academy LLC		
Type of Business	Outpatie	nt Counseling	T	ax ID	464917138	Corp	
Full Business Addre	ss 1735 Anal	og Drive Richardson	 , Texas 750	081		_	
Full Billing Address							
Phone at Location	(469) 630	(469) 630-1735		Best Phone (775)	233-7389 Fax	(469) 630-1736	
Business Email	todd@wa	todd@waterfordacademyllc.com		Website	www.waterfordacademyllc.com		
Years In Business	3	Average Tid	cket	Gross Annual Sales <u>1,200,000.00</u>			
Do you currently ha	ave cash advance?	Yes	Will th Within C	Mantis Yellowston Empire	e Queen Balance 38,000		
Current Credit Card Processor Average Processing Volume							
Last Month Vol.		#of Tickets		2nd Month Vol.	#of Tick	ets	
3rd Month Vol.	·	#of Tickets		4th Month Vol.	#of Tick	ets	
Owner #1 Name	todd orme		Title	e CEO			
Date of Birth	15061961		- SSN	518-92-65	45		
Full Home Address	5601 Buckskin Dr The	Colony TX 75056	-				
Home Phone	(775) 233-7389	Cell Phone	(775) 233-7	7389 Email	todd@waterfordacade	emyllc.com	
Own/Rent	\$ <u>0 Own</u>	Years There th	ree D	Privers Lience # 39	9430587 State	tx	
Owner #2 Name	Camille Orme		Title	<u> </u>			
Date of Birth			SSN -	530-88-21	61		
Full Home Address	2813 E Wayman View						
Home Phone	(775) 338-3349	Cell Phone	(775) 338-3		camille@waterfordaca	ademyllc.com	
Own/Rent	\$ Rent	Years There 4	D	Privers Lience #	State	<u>Utah</u>	
Business Home Bas	ed? No L	ocation: Lease/Own	Leased	Lease Terr	mMonthly	Rent	
Landlord / Mortgage	e Co. McNeff Prop	erty		Conta	ct Clint McNeff		
Contact Phone		Ce	II _		Email		
Bank Name/Branch	Wells Fargo Richa	rdson 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 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	todd orme	Date	09/14/2017