

DBA Name		ne Math Tut	or Network	Legal Name		The Math Tutor Network		
Type of Business		utoring Com	npany	Ta	ax ID	454087996		Sole Prop
Full Business Addre	ss <u>44</u>	28 Felix Wa	у					
Full Billing Address	_							
Phone at Location		578) 938-36	64	E	Best Phone (678) 938-3664			
Business Email					Website			
Years In Business	7	7 Average Tid		cket		Gross Annual Sales 100,000.0		00,000.00
Do you currently ha	ave cash adv	ance?	No	With who? _			Balan	ce
Current Credit Card Processor				Average Processing Volume				
Last Month Vol.		#of	Tickets		2nd Month Vol.		#of Tid	ckets
3rd Month Vol.		#of <sup>-</sup>	Tickets		4th Month Vol.		#of Tid	ckets
Owner #1 Name	Kimberly Lee			Title	Owner/Fou	ınder		
Date of Birth	09-13-1977			_ SSN	238-29-05			
Full Home Address	4428 Felix W	ay		_				
Home Phone	(678) 938-36	64 C	ell Phone	(678) 938-3	664 Email	thema	thtutornetwo	rk@peoplepe.com
Own/Rent	\$ <u>0 Own</u>	Y	ears There	D	rivers Lience #		State	Georgia
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		C	ell Phone		Email			
Own/Rent	\$	Y	ears There _	D	rivers Lience #		State	
Business Home Bas	ed? No	D Locat	tion: Lease/Owi	n <u>Leased</u>	Lease Terr	n	Month	ly Rent
Landlord / Mortgage	e Co				Conta	ict		
Contact Phone			Ce	ell		Email		
Bank Name/Branch			Contact			Phone		
Trade Reference#1			 Contact			— Phone		
Trade Reference#2			 Contact			— Phone		
Trade Reference#3			 Contact			Phone		
I begons represent the term						aldened formed. Doors		

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	Kimberly Lee	Date	02/24/2017