

DBA Name		International le	arning center	Lega	al Name	International learning center llc	
Type of Business		Child care		 Tax	ID	463973010	LLC
Full Business Address		4434 w capitol dr milwaukee,wi 53210					
Full Billing Address		•					
Phone at Location		(414) 810-4639		Bes	st Phone (414)	502-4622 Fax	
Business Email		Jburks04@gmail.com			Website		
Years In Business		2 Average Ticke		et		Gross Annual Sales 240,000.00	
Do you currently h	ave cash	advance?	No W	ith who?		Balance	
Current Credit Card Processo		or			Average	Processing Volume	
Last Month Vol.		#of Ti	ckets	2ı	nd Month Vol.	#of Tickets	
3rd Month Vol.		#of Ti	ckets	4	th Month Vol.	#of Tickets	
Owner #1 Name	Jomyka B			Title	Owner		
Date of Birth	09081985		SSN	394-49-064	46		
Full Home Address		3015 n 69th street apt 2					
Home Phone	(414) 502		l Phone		Email	Jburks04@gmail.com	
Own/Rent	\$ <u>0 Ren</u>	t Ye	ars There	Drive	ers Lience #	State	
Owner #2 Name				Title			
Date of Birth				SSN			
Full Home Address				3311			
Home Phone		Cel	l Phone		Email		
Own/Rent	\$	 Ye	ars There	Drive	ers Lience #	State	
Business Home Bas	sed?	No Locatio	on: Lease/Own	Leased	Lease Tern	Monthly Rent	
Landlord / Mortgag	e Co. <u>J</u> o	properties			Conta	ct <u>John</u>	
Contact Phone	(4	414) 315-7267	Cell	<u>(414</u>	) 315-7267	Email	
Bank Name/Branch Tcf bank Contact						Phone	
Trade Reference#1	 Contact			Phone			
Trade Reference#2			— Contact			Phone	
Trade Reference#3			 Contact			Phone	
I hereby represent that all	the above in	formation is true and	understand that mal	cing false statem	ents might he cons	idered fraud. By providing the above information, the applic	cant(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	Jomyka Burks	Date	09/22/2016