

DBA Name			Group Inter			egal Name	Ath	ena Group	Internat	ional, Inc	
Type of Business		Muti-cultural communications coaching and training				Гах ID		76-0746428			Corp
Full Business Addre	SS	1606 Uta	h Dr S, Min	neapolis, N	4N 55426						
Full Billing Address											
Phone at Location		(612) 73	30-3971		E	Best Phone (6	512) 730-	-3971	Fax	(952	2) 545-2284
Business Email		pps@at	henagroupi	ntl.com		Website	ww	w.athenag	roupintl.	com	
Years In Business		6 Average Ticket Gross Annual Sales 150,0				150,000	.00				
Do you currently ha	ave cash	advance?	N	No V	With who? _				Bala	ance	
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Ticket	.s		2nd Month V	ol		#of	Tickets	
3rd Month Vol.			#of Ticket	.s		4th Month V	ol		#of	Tickets	
Owner #1 Name	Pamela F	Pappas Star	noch		Title	Owner					
Date of Birth	11-07-19				SSN	468-66	5-5460				
Full Home Address	1606 Uta	h Drive S,	Minneapolis,	MN 55426							
Home Phone	(612) 73	0-3971	Cell Pho	ne	(612) 730-3	3971 Email		pps@a	thenagroup	pintl.com	
Own/Rent	\$ 0 Owi	n	 Years T _	here 10	D	rivers Lience #	H84802	21068720	State	Min	nesota
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address			C-II Dh-			F9					
Home Phone			Cell Pho			Email					
Own/Rent	\$		Years T	here	D	rivers Lience #			State	_	
Business Home Bas	ed?	Yes	Location: L	_ease/Own	Owned	Lease <sup>-</sup>	Term		Mont	thly Rent	
Landlord / Mortgage	e Co. <u>V</u>	Vellsfargo				Co	ontact				
Contact Phone	_			Cel	<u> </u>			Email	_		
Bank Name/Branch	Wells F MN	argo Ridg	edale	Contact	Nancy :	Shanon		Phone	(612) 3	16-4009	
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	Pamela Pappas Stanoch	Date	01/12/2018
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