

DBA Name Type of Business		Kare-A-Lot Learning Academy child Care				Legal Name Tax ID		2 Tlee inc. DBA Kare A Lot Learning Ad 46-2065765			t Learning A	Academy
					Т						Corp	
Full Business Addre	SS	10204 Ma	belvale V	Vest Rd								
Full Billing Address												
Phone at Location	(501) 712	2-4203			Best Phone (501) 765-1327				Fax			
Business Email	tiphhunte	er2@gma	ail.com		Website							
Years In Business	<u>3</u> Av			Average Ticket				Gross Annual Sales 120,000.00				
Do you currently h	ave cash	advance?		No	With who?					Balan	ce	
Current Credit Card	d Process	or				_	Average F	Processi	ng Volun	ne		
Last Month Vol.			#of Ticke	ets		2nd N	onth Vol.			#of Tid	ckets	
3rd Month Vol.		:	#of Ticke	ets		4th M	lonth Vol.			#of Tid	ckets	
Owner #1 Name	tiffani Hı	ınter			Title	2	Owner					
Date of Birth	0731198				— SSN		429-63-624	17				
Full Home Address	59 Ange				_							
Home Phone	(501) 76		Cell Ph	one	(501) 765-2	1327	Email		karealot0	)716@att.n	et	
Own/Rent	\$ 0 Ow		— Years		5017651327 D		-			State	Arkansas	
	'			_						_		
Owner #2 Name					Title	<u> </u>						
Date of Birth					— SSN							
Full Home Address					_							
Home Phone			Cell Ph	ione			Email					
Own/Rent	\$		Years	There _		rivers L	ience #			_State		
Business Home Bas	ed?	No L	ocation:	Lease/Ow	n Leased	1	Lease Term	า		Monthl	y Rent	
Landlord / Mortgago	e Co. H	Kim Roberts	5				Contac	ct				
Contact Phone				С	ell _			_	Email			
Bank Name/Branch				Contac	t			Pho	one			
Trade Reference#1				Contac	t			– Pho	one _			
Trade Reference#2				Contac	 t			– Pho	one _			_
Trade Reference#3				Contac	t			– Pho	one _			
I hereby represent that all	the above i	nformation is tr	rue and und	erstand that	making false sta	tements	might he consi	idered frau	ıd. By provi	iding the abo	ve information	the applicant(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	Tiffani Lee	Date	12/07/2016
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