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DBA Name		A to Z fun	care LLC			l Name	A to Z fun ca	ire		
Type of Business		Childcare			Tax I	D	27-4279468			LLC
Full Business Addre	ss	8916 victor	y lane potoma	ac MD 2	20854					
Full Billing Address										
Phone at Location		(301) 943-	7775		Best	Phone (301)	943-7775	Fax	(301)	315-2126
Business Email		Atzfc@yah	ioo.com			Website	www.atozfur	care.com		
Years In Business		2012	Avera	ge Tick	et		Gross Annual	Sales 2	08,000.0	0
Do you currently ha	ave cash a	dvance?	Yes	W	ith who? Yello	ow stone. Swift	t loan	Balan	ce <u>\$850</u>	0. 19000
Current Credit Card	d Processo	r				Average	Processing Vol	ume		
Last Month Vol.		#	of Tickets		2n	d Month Vol.		#of Tid	ckets	
3rd Month Vol.		#	of Tickets		4t	h Month Vol.		#of Tid	ckets	
Owner #1 Name	Leila Nass	ai			Title	Director				
Date of Birth	04041975				SSN	213-49-809	0.4			
Full Home Address	8916 Victo				3311					
Home Phone	(301) 943		Cell Phone			Email	atzfc@	yahoo.com		
			-	_				• •	MD	
Own/Rent	\$ <u>0 Own</u>		Years There	11	Drive	rs Lience # <u>E-</u>	225-501-012-26	<u> </u>	MD	
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There	_	Drive	rs Lience #		State		
Business Home Bas	ed?	Yes Lo	cation: Lease	/Own	Owned	Lease Tern	n	Monthl	v Rent	5,000.00
			cation. Lease	, OWII	Owned		-		ly itelie	3,000.00
Landlord / Mortgage	e Co					Conta	ct			
Contact Phone	_			Cell			Emai	l 		
Bank Name/Branch	Wells fa	rgo	Cor	ntact	Bethesda M	ID	Phone	(301) 365-	-4700	
Trade Reference#1			Cor	ntact			Phone			
Trade Reference#2	_		Cor	ntact			 Phone			
Trade Reference#3			Cor	ntact			Phone			
I hereby represent that all	the above inf	ormation is tru	e and understand	that mak	king false stateme	ents might be cons	sidered fraud. By p	roviding the abo	ve informat	ion, 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	Leila Nassaj	Date	10/18/2016