MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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554.11			<u> </u>			B. I. J. M. J. Cl. T. I.		
		-	Robin's Nest Childcare		Name	Robin's Nest Childcare		
Type of Business		Childcare		Tax II)	83-1695642	LLC	
Full Business Addre	SS	7432 Olean Road	<u>t</u>					
Full Billing Address								
Phone at Location	Phone at Location (716) 805-7227			Best	Phone	Fax		
Business Email		robin@robinsnestwny.n		Website		robinsnestwny.net		
Years In Business		1	Average Tick	et		Gross Annual Sales 219,00	0.00	
Do you currently ha	ave cash a	advance?	Yes W	ith who? Fund	lkite, InAdvan	ce Balance 15	0000	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#of Tic	kets	2n	d Month Vol.	#of Tickets		
3rd Month Vol.		#of Tic	kets	4th	n Month Vol.	#of Tickets		
Owner #1 Name	Robin Ber	anott		Title	Owner			
Date of Birth	07241986			SSN	119-70-56	10		
Full Home Address	5488 Ont			JJN				
Home Phone	(716) 548		Phone		Email	robin@robinsnestwny.net		
Own/Rent	\$ 0 Rent		rs There 6	Drive		50249837 State NY		
Ownyrtene	y o nem		<u> </u>		S Eleffee # 15	<u> </u>	<u>'</u>	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Yea	rs There	Drive	rs Lience #	State		
Business Home Bas	ed?	No Locatio	n: Lease/Own	Leased	Lease Tern	n Monthly Rer	nt	
Landlord / Mortgage	 e Co.				— Conta			
Contact Phone	_		Cell			Email		
Bank Name/Branch	Bank of	Akron	Contact			Phone		
Trade Reference#1			— Contact			– Phone		
Trade Reference#2			— Contact			Phone	-	
Trade Reference#3			Contact			Phone		
166						ddanad faraid Danas ddia a tha a 1 a 1 f		

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	Robin Bennett	Date	10/01/2019