

DBA Name		Park-Youhana	ie Ent., Inc		Legal N	lame	Park-Youhana	ie Ent., Inc.	
Type of Business		medical transcription education course Tax ID					481284978		Corp
Full Business Addre	:SS	12003 S Monte	ezuma Court						
Full Billing Address									
Phone at Location		(480) 777-91		Best Phone (480)		759-1285	Fax	(480) 393-1801	
Business Email		mary@medtr		Website		www.learn2workathome.com		com	
Years In Business		17	Ticket	icket		Gross Annual Sales 336,000.00		6,000.00	
Do you currently ha	ave cash	advance?	No	With who	o?			Baland	ee
Current Credit Card Processor						Average	Processing Volu	ıme _	
Last Month Vol.		#of *	Tickets _		2nd	Month Vol.		#of Tic	kets
3rd Month Vol.		#of	Tickets _		4th	Month Vol.		#of Tic	kets
Owner #1 Name	Mary Parl	k Youhanaie			Title	President			
Date of Birth	11/15/19	59		:	SSN	527-61-451	11		
Full Home Address	12003 S	Montezuma Cour	t, Phoenix, AZ	85044					
Home Phone	(480) 759	9-1285 C	ell Phone	(602) 4	03-6718	Email —	medtra	ns1@cox.net	
Own/Rent	\$ <u>0 Owr</u>	<u> </u>	ears There	17	Drivers	Lience # DO	)3104933	State	Arizona
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone		C	ell Phone			Email —			
Own/Rent	\$	Y	ears There		Drivers	Lience #		State	
Business Home Bas	sed?	Yes Locat	ion: Lease/O	wn <u>Lea</u>	sed	_Lease Tern	າ	Monthly	/ Rent
Landlord / Mortgage	e Co. <u>N</u>	Α			_	Conta	ct		
Contact Phone	_			Cell			_ Email		
Bank Name/Branch			Conta	act			Phone		
Trade Reference#1			 Conta	act			_ Phone		
Trade Reference#2			 Conta	act ——			– Phone		
Trade Reference#3			Conta	act			– Phone		
I haraby raprocent that all	the shows in	formation is true on		at making false		s might be sone	idorod fraud. By pro	widing the she	us 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	Mary Park Youhanaie	Date	11/15/2017
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