

DBA Name		montessori school of kingston		on L	egal Name	THE MONTESSORI KINGSTON,INC		
Type of Business		child care/nursery school			ax ID	14-1818102		Corp
Full Business Address		243 hurley ave kingston ny 12401						•
Full Billing Address		-						
Phone at Location		(845) 331-3311			Best Phone (914) 388-1586	Fax	
Business Email		montessorikingston@yahoo.c		com	Website	montessorikingston.com		
Years In Business		27 Average		icket		Gross Annual Sa	les 400,000.00	
Do you currently h	ave cash	advance?	Yes	With who?			Balance	
Current Credit Card Processo		or				Processing Volum	ne	
Last Month Vol.		#of Tio	ckets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tio	kets		4th Month Vol.		#of Tickets	
Owner #1 Name	TALAT MA	ALLICK		Title —	owner			
Date of Birth	2407195			SSN 097-68-439		96		
Full Home Address	79 janser	79 jansen rd new paltz ny 12561						
Home Phone	(845) 255	5-1882 Cell	Phone	(914) 388-	1586 Email	montesso	rikingston@yahoo.com	
Own/Rent	\$ <u>0 Owr</u>	Yea	rs There $\frac{2}{}$	7	Drivers Lience # $\frac{2}{}$	59573773	State ny	
Owner #2 Name				Title				
Date of Birth				SSN —				
Full Home Address			DI.					
Home Phone			Phone		Email			
Own/Rent	\$	Yea	rs There _		Drivers Lience # _		State	
Business Home Bas	sed?	No Locatio	n: Lease/Ow	n <u>Lease</u> c	Lease Teri	m	Monthly Rent	
Landlord / Mortgag	e Co. <u> </u>	ointe of praise			Conta	act <u>ja</u>	mes childs	
Contact Phone	(8	845) 339-4615	Ce	ell _		Email		
Bank Name/Branch	peoples	united bank	Contact	-		Phone		
Trade Reference#1			— Contact	<u> </u>		Phone		
Trade Reference#2			— Contact			Phone		
Trade Reference#3			— Contact	<u> </u>		Phone		
L baraby rapracant that all	the above in	formation is true and	indorstand that i	making falso str	atomonts might be son	sidered fraud. By provid	ding the above information, t	ho applicant(c)

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 authorized 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	TALAT MALLICK	Date	09/23/2019