MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Joe
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DBA Name	Royal crown academy		Legal Name		Jamies home care services				
Type of Business	<u>C</u>	Child care facility		Tax I	D	474136380			Corp
Full Business Addre	ss <u>16</u>	550 medical lane							
Full Billing Address	_								
Phone at Location	at Location 2393339517		Best Phone 2393		339517	Fax			
Business Email	<u>H</u>	Homehealthguru@gmail.com		Website		Www.royalcrownacademy.com			
Years In Business	2	Av	erage Tic	ket		Gross Annual Sales 300,000.0			
Do you currently ha	ave cash adv	vance? No) V	With who? <u>474</u>	136380		Balar	nce	
Current Credit Card Processor Average Processing Volume									
Last Month Vol.		#of Tickets		2n	d Month Vol.		#of Ti	ckets	
3rd Month Vol.		#of Tickets		4t	h Month Vol.		#of Ti	ckets	
Owner #1 Name Date of Birth	Jamie Thoma	as		Title	Owner 595-49-493	26			
Full Home Address	10/15/1987	vd lehigh fl 33974		SSN	<u> </u>	50			
Home Phone	(239) 333-95		Δ	(239) 333-9517	Email	Homehea	lthauru@c	gmail.com	
Own/Rent	\$ 0 Own	Years Th			rs Lience #	- Tomenea	State	FL	
OWN/RCITE	\$ <u>0 0 WII</u>				13 LICIICC #		- State	12	
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone		Cell Phon	е		Email				
Own/Rent	\$	Years Th	ere	Drive	rs Lience #		State		_
Business Home Bas	ed? N	o Location: Le	ase/Own	Leased	Lease Tern	n	Month	ly Rent	
Landlord / Mortgage	e Co. Zug	real estate			Conta	ct			
Contact Phone			Cel	ı		Email			
Bank Name/Branch	Bb&t		Contact			Phone			
Trade Reference#1		_	Contact			–			
Trade Reference#2			Contact			–			
Trade Reference#3			Contact			– — Phone			
				-		-			-

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 in 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	Jamie Thomas	Date	05/31/2017