

DBA Name	Elkridge Gathering Center, LLC	Legal Name	Elkridge Gathering Center, LLC	
Type of Business	Adult Day Support	Tax ID	412218280	LLC
Full Business Address	17 GRANITE SPRINGS RD			
Full Billing Address				
Phone at Location	(804) 310-1005	Best Phone	(804) 310-1005	Fax (804) 745-2569
Business Email	dpwarren@transitionalhomecare.com	Website		
Years In Business	11	Average Ticket		Gross Annual Sales 450,000.00
Do you currently have cash advance?	Yes	With who?	Strategic Funding	Balance 60000
Current Credit Card Processor			Average Processing Volume	
Last Month Vol.		#of Tickets		2nd Month Vol.
				#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.
				#of Tickets

<b>Owner #1 Name</b>	Dorothy P Warren		Title	Director	
Date of Birth	01-26-1950		SSN	110-40-6233	
Full Home Address	4721 Jessup Rd				
Home Phone	(804) 275-7177	Cell Phone	(804) 275-7177	Email	dpwarren@transitionalhomecare.com
Own/Rent	\$ 0 Own	Years There	11	Drivers Lience #	A69800252
				State	Virginia
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Green Pines LLC			Contact	Sara Ervin
Contact Phone	(434) 409-0501	Cell		Email	

Bank Name/Branch	Wells Fargo	Contact		Phone	(804) 674-5797
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
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 authorization will be deemed as acceptable for release of credit information. I/We authorize Money Works Direct, Inc. to receive pertinent 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 owenet/officer (individually and collectively, "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 informaiton 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	Dorothy Warren	Date	01/05/2018
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