

DBA Name		Visiting <i>i</i>				gal Name			ingle LLC	dba Visitin	
Type of Business			ealth Care		Ta	x ID	20:	1890280			LLC
Full Business Addre	SS	2106 E G	allows Ro	ad							
Full Billing Address											
Phone at Location	(703) 29	(703) 291-1262			Best Phone (703)		969-7664 Fax			291-4974	
Business Email	gpangle@visitinga			angels.com		Website	ww	www.visitingangels.com/vienna			
Years In Business		13		Average Tid	cket		Gro	ss Annual	Sales	97,298.37	
Do you currently ha	ave casl	n advance?	,	Yes \	With who? Ca	apacity Funding	9		Ba	lance <u>30,00</u>	0.00
Current Credit Card Processor						Average	e Proce	essing Vol	ume		
Last Month Vol.			#of Ticke	ets		2nd Month Vol.			#of	Tickets	
3rd Month Vol.			#of Ticke	ets		4th Month Vol.			#of	Tickets	
Owner #1 Name	Marie G	ina Pangle			Title	Director					
Date of Birth	06 26 1	.959			- SSN	578-39-1	244				
Full Home Address	2700 D	orr Ave. Apt#	± 1102		-						
Home Phone	(703) 9	69-7664	Cell Ph	none	(703) 969-76	664 Email		marieg	ina.pangle	e@gmail.com	<u> </u>
Own/Rent	\$ 0 Re	ent	Years	There 1	month (JUST M	 IOVE) Drivers Lie	nce #	T6597161	7	State	Virginia (VA)
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address											
Home Phone			Cell Ph	none		Email					
Own/Rent	\$		_ Years	There	Dr	ivers Lience #			State		
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Tei	rm		Mon	thly Rent	
Landlord / Mortgage	e Co.	Peggy Ham	nmond			Cont	act				
Contact Phone		(703) 887-2	2502	Cel	II		<u> </u>	Email	_		
Bank Name/Branch	TD Ba	nk (Chain B	Bridge)	Contact	Mary Fah	im		Phone	(703) 6	63-7600	
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
								16 15			

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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Marie Gina Pangle	Date	03/09/2017