Money	/Works >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
MOHE	VVOIRS	Sales Rep: Patrick

DBA Name		Same		Legal I	Name	New Hope & F	Horizons	
Type of Business		Health Care		Tax ID		31-1670359		Corp
Full Business Addre	SS	4055 Executive	Park Dr					
Full Billing Address								
Phone at Location		(513) 761-7999		Best	Phone (513)	382-0676	Fax	(513) 388-0020
Business Email		Simsnewhorizons@aol.com			Website			
Years In Business		17	Average Tick	cet		Gross Annual	Sales <u>2</u>	88,000.00
Do you currently h	ave cash	advance?	Yes W	ith who? Mone	y store		Balan	ce <u>\$25,000</u>
Current Credit Card	d Processo	or			Average	Processing Volu	ıme	
Last Month Vol.		#of T	ckets	2nd	Month Vol.		#of Ti	ckets
3rd Month Vol.		#of T	ckets	4th	Month Vol.		#of Ti	ckets
Owner #1 Name	Marvin Si	ims		Title	Ceo			
Date of Birth	04/04/19	62		SSN	268-79-19	98		
Full Home Address	8434 Bat	avia Rd						
Home Phone	(513) 382	2-0676 Ce	l Phone	(513) 382-0676	Email	simsne	whorizons@a	aol.com
Own/Rent	\$ 0 Owr	n Ye	ars There 8	Drivers	 s Lience # _R]	 j37677	State	Ohio
Owner #2 Name				Title				
Date of Birth Full Home Address				SSN				
Home Phone		Ce	l Phone		Email			
Own/Rent	\$		ars There	Drivers	Lience #		State	
Business Home Bas	ed?	No Locati	on: Lease/Own	Leased	_Lease Terr	n	Month	y Rent
Landlord / Mortgage	e Co. <u>E</u>	xecutive Execut	ors		Conta	ct	Kim schim	tz
Contact Phone	<u>(!</u>	513) 567-5678	Cell	(513)	567-5678	Email		
Bank Name/Branch	Chase		Contact	Terri Lewis		Phone	(513) 456	-7890
Trade Reference#1	_		Contact			 Phone		
Trade Reference#2			 Contact			— Phone		
Trade Reference#3			Contact			– Phone		
I hereby represent that all	the above in	formation is true and	understand that ma	king false statemer	ts might be cons	sidered fraud. By pro	oviding the abo	ve 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Marvin Sims	Date	05/06/2017