

DBA Name	TheraCare Health and Wellness, LLC		Legal Name	TheraCare Health and Wellness, LLC	
Type of Business	health care		Tax ID	463783490	LLC
Full Business Address	PO Box 5423				
Full Billing Address					
Phone at Location	(704) 671-8251		Best Phone	(704) 860-6560	Fax (803) 675-0965
Business Email	info@theracarehealthandwellness.com		Website	http://www.certifiedcnatraining.com	
Years In Business	11	Average Ticket		Gross Annual Sales	200,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Gregory Pippins		Title	Sole Member LLC	
Date of Birth	01/21/1958		SSN	080-50-2401	
Full Home Address	700 Warton Court Gastonia NC 28056				
Home Phone	(704) 860-6560	Cell Phone	(704) 860-6560	Email	theracarellc@aol.com
Own/Rent	\$ 0 Own	Years There	20	Drivers Lience #	
				State	NC
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	Yes	Location: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	SunTrust	Contact	Ramona Sisk	Phone	(704) 266-4009
Trade Reference#1	One Care Call Management	Contact	Kellie Cook	Phone	(800) 848-1989
Trade Reference#2	NC Medicaid	Contact	General	Phone	(800) 688-6696
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 above listed business and business owner/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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Gregory Pippins	Date	11/01/2016
-------------	--------------	-----------------	------	------------