

DBA Name	Total Care Provider		Legal Name	Total Care Provider	
Type of Business	Home Health		Tax ID	800864764 Corp	
Full Business Address	510 S. Congress Ave, Suite 110				
Full Billing Address					
Phone at Location	(512) 903-9814		Best Phone	(512) 903-9814 Fax	
Business Email	musuturay@yahoo.com		Website		
Years In Business	4	Average Ticket		Gross Annual Sales	500,000.00
Do you currently have cash advance?	Yes	With who?	Strategic Funding		Balance 6000
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	MUSU TURAY		Title	Owner	
Date of Birth	05131986		SSN	016-90-3774	
Full Home Address	6934 E BEN WHITE BLVD AOT 10204				
Home Phone	(512) 903-9814	Cell Phone		Email	musuturay@yahoo.com
Own/Rent	\$ 0 Rent	Years There		Drivers Lience #	
				State	TX
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?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Kat Sparks			Contact	5124744242
Contact Phone		Cell		Email	

Bank Name/Branch	Contact	Phone
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 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	MUSU TURAY	Date	06/05/2019
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