MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Nick

DBA Name	All About Ho	me Care LLC	Legal Name	All About Home Care LLC	
Type of Business	Home Care	Agency	Tax ID	14-1845126	Corp
Full Business Addre	ess 9114 Philade	Iphia Rd Ste 210			
Full Billing Address					
Phone at Location	(443) 460-2120		Best Phone (443) 226-5796 Fax	(443) 460-2121
Business Email	ajanus@alla	bouthomecarellc.co	m Website		
Years In Business	14	Average Ticke	t	Gross Annual Sales 1,40	00,000.00
Do you currently ha	ave cash advance?	Yes Wit	h who? Five Tower	Balance	130096.60
Current Credit Card	d Processor	-	Average	Processing Volume	
Last Month Vol.	#oi	Tickets	2nd Month Vol.	#of Tick	ets
3rd Month Vol.	#ot	Tickets	4th Month Vol.	#of Tick	ets
Owner #1 Name	Alicja Janus		Title CEO		
Date of Birth	10/27/1959	_	SSN 214-92-07	<u> </u>	
Full Home Address	5031 Forge Haven Dr				
Home Phone		Cell Phone (4	.43) 226-5796 Email	ajanus@allabouthome	carellc.com
Own/Rent	\$ 0 Own	Years There 14 Drivers Lience # J-520-048-522-827 State MARYLAND		MARYLAND	
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 Bas	sed? No Loca	ation: Lease/Own	Owned Lease Terr	mMonthly	Rent
Landlord / Mortgage	e Co		Conta	ect	
Contact Phone		Cell		Email	
Bank Name/Branch	First Mariner Bank	Contact	Mrs Ann	Phone (410) 682-9	688
Trade Reference#1	Steve Graber	Contact	Accountant	Phone (410) 466-3	779
Trade Reference#2	Sue Maxwell	Contact	bookeeper	Phone (443) 310-23	375
Trade Reference#3	First Mariner Bank	Contact	Mrs Ann Bank manager	Phone (410) 931-89	960
				sidered fraud. By providing the above	:-fti thtit/-\

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 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 Prir	nted Name Al	licja Janus [Date	11/01/2016
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