

DBA Name	HAVEN HOME HEALTH CARE		Legal Name	HAVEN HHC 8 LLC	
Type of Business	MEDICARE HOME HEALTH CARE		Tax ID	47-2203208	Corp
Full Business Address	2525 Harbor Drive Suite 203 Port Charlotte, FL 33952				
Full Billing Address					
Phone at Location	(239) 260-9555		Best Phone	(734) 560-8953	Fax (954) 337-3112
Business Email	KEVIN@HAVENHHC.COM		Website	www.havenhhc.com	
Years In Business	3	Average Ticket		Gross Annual Sales	2,400,000.00
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	Kevin Ruark		Title	Manager	
Date of Birth	09/29/1988		SSN	363-11-6524	
Full Home Address	51129 Topper Court				
Home Phone	(734) 560-8953	Cell Phone	(734) 560-8953	Email	msaagman.havenhhc@gmail.com
Own/Rent	\$ 0 Rent	Years There	7345608953	Drivers Lience #	S255589744751 State MI
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.	Community Medical Management, LLC			Contact	James Pilkington
Contact Phone	(239) 784-6946	Cell	(239) 784-6946	Email	

Bank Name/Branch	Chase Bank - Plymouth, MI	Contact	Brian Gwiltz	Phone	(734) 454-7711
Trade Reference#1	Uteley Brother Printing	Contact	Ashely Harrison	Phone	(248) 585-1700
Trade Reference#2	Medline Industries	Contact	David Lilley	Phone	(407) 864-7791
Trade Reference#3	Community Medical Managem	Contact	James Pilkington	Phone	(239) 784-6946

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

MATTHEW SAAGMAN

Date

03/30/2017