

DBA Name	Almost Angels					gal Name	Almost Angels			
Type of Business		Home Care Agency				x ID	45-413-4729		LLC	
Full Business Address 5612 Ocean Beach Hwy Suite 102 Longview WA 98632										
Full Billing Address	.55	3012 0	ccar. Beac.	Timy Saice 1	02 2011gV10					
Phone at Location (360) 846-2393					В	est Phone (360) 846-2393	Fax	(360) 846-2433	
<u>. ,</u>			d@almosta	ngelshomeca		Website		almostangelshomecareagency.com		
Years In Business				Average Ticket			Gross Annual	Gross Annual Sales 950,000.00		
Do you currently h	ave cas	sh advance	====== e?	No W	ith who?			Baland	ce	
Current Credit Card Processor					Average	Processing Volu	ıme _			
Last Month Vol.	Vol. #of Tick			ets	2nd Month Vol.		#of Tickets		kets	
3rd Month Vol.			#of Tick	ets		4th Month Vol.		#of Tic	kets	
Owner #1 Name	Richard Williams				Title	Chief Fina	ncial Mgr			
Date of Birth	09-11-1959				SSN	663-33-03	362			
Full Home Address	211 Ba	asswood Dr.	Silverlake V							
Home Phone	(360) 846-2391 Cell Phone (360) 560-6941 Email richard@almostangelshomecare.c						lshomecare.com			
Own/Rent	\$ <u>0 C</u>	\$ <u>0 Own</u> Years There <u>12</u> <u>Drivers Lience # WILLIRD4170J State Washington</u>						Washington		
Owner #2 Name	Elaine	Williams			Title	Chief Exec	cutive Mar			
Date of Birth					SSN	565-27-64				
Full Home Address	211 Basswood Dr. Silverlake WA									
Home Phone	(360)	560-6204	Cell P	hone	(360) 560-62	204 Email	elaine@	almostangel	shomecare.com	
Own/Rent	\$ <u>Ow</u>	'n	Years	There 12	Dr	ivers Lience #		State	WA	
Business Home Bas	sed?	No	Location	Lease/Own	Leased	Lease Terr	m	Monthly	y Rent	
Landlord / Mortgag	e Co.	Michiel W	— Vest			 Conta	act	Mike West		
Contact Phone		(360) 68	7-7662	Cell	(30	60) 607-5397	Email	west	gonefishing@aol.com	
Bank Name/Branch	Herit	age Bank/	Longview	Contact	Liz Norgı	uard	Phone	(360) 423-	7800	
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 authorized mill 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	Printed Name	Richard Williams	Date	10/28/2016
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