| MoneyWorks > | ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian |
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| DBA Name  |                       | Renaissance M         | lemory Care                   | Legal               | Name                      | Renaissance Memory Care                           |                    |  |
|---|-----------------------|-----------------------|-------------------------------|---------------------|---------------------------|---|--------------------|--|
| Type of Business Assisted Living                                |                       | 9                     | Tax II                        | )                   | 46-5560849                | LLC   |                    |  |
| Full Business Address 2951 Clairton Dr Highlands Ranch CO 80126 |                       |                       |                               |                     |                           |   |                    |  |
| Full Billing Address  |                       |                       |                               |                     |                           |   |                    |  |
| Phone at Location (720) 965-0484                                |                       |                       | Best Phone (720) 965-0484 Fax |                     |                           |   |                    |  |
| Business Email  | fyfe.ashley@gmail.com |                       | Website                       |                     | renaissancememorycare.com |   |                    |  |
| Years In Business   |                       | 3.5                   | Average Tid                   | ket                 |                           | Gross Annual Sales <u>2,100,000.0</u>             | 0                  |  |
| Do you currently ha   | ave cash              | advance?              | Yes \                         | With who? onDe      | eck                       | Balance <u>30,180</u>                             |                    |  |
| Current Credit Card Processor Average Processing Volume         |                       |                       |                               |                     |                           |   |                    |  |
| Last Month Vol.   |                       | #of T                 | ickets                        | 2n                  | d Month Vol.              | #of Tickets                                       |                    |  |
| 3rd Month Vol.  |                       | #of T                 | ickets                        | 4th                 | n Month Vol.              | #of Tickets                                       |                    |  |
|   |                       | ,                     |                               | -1.1                |                           |   |                    |  |
| Owner #1 Name   | Ashley Fy             |                       |                               | Title<br>-          | Owner                     | 07  |                    |  |
| Date of Birth   | 06-24-19              |                       | tl- DI- CO 001                | SSN<br>-            | 180-72-55                 | 07  |                    |  |
| Full Home Address   |                       | rningview lane Cas    |                               |                     | - "                       |   |                    |  |
| Home Phone  | (720) 965             |                       | ll Phone                      | (720) 965-0484      |                           | fyfe.ashley@gmail.com                             |                    |  |
| Own/Rent  | \$ <u>0 Own</u>       | 1 Ye                  | ears There                    | Drive               | rs Lience #               | State CO  |                    |  |
| Owner #2 Name   |                       |                       |                               | Title               |                           |   |                    |  |
| Date of Birth   |                       |                       |                               | SSN                 |                           |   |                    |  |
| Full Home Address   |                       |                       |                               |                     |                           |   |                    |  |
| Home Phone  |                       | Ce                    | II Phone                      |                     | Email                     |   |                    |  |
| Own/Rent  | \$                    | Ye                    | ears There                    | Drive               | rs Lience #               | State   |                    |  |
| Business Home Bas   | od2                   | No Locati             | on: Lease/Own                 | Leased              | Lease Terr                | m Monthly Rent                                    |                    |  |
|   |                       | Locati                | on. Lease/Own                 | Leaseu              |                           |   |                    |  |
| Landlord / Mortgage   | e Co                  |                       |                               |                     | Conta                     |   |                    |  |
| Contact Phone   | _                     |                       | Ce                            | <u> </u>            |                           | Email   |                    |  |
| Bank Name/Branch  |                       |                       | Contact                       |                     |                           | Phone   |                    |  |
| Trade Reference#1   |                       |                       | <br>Contact                   |                     |                           | Phone   |                    |  |
| Trade Reference#2   |                       |                       | Contact                       |                     |                           | Phone   |                    |  |
| Trade Reference#3   |                       |                       | Contact                       |                     |                           | Phone   |                    |  |
| I haraby raprocent that all                                     | the above in          | formation is true and | Lundarstand that m            | aking falso statomo | ents might be sen         | ridered fraud. By providing the above information | n the applicant(s) |  |

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 | Printed Name | Ashley Fyfe | Date | 03/16/2017 |
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