

DBA Name	CARExpress Medical Network	Legal Name	National Health Partners, Inc.	
Type of Business	non-insurance medical benefits	Tax ID	04-3786176	Corp
Full Business Address	120 Gibraltar Rd, Ste 107			
Full Billing Address				
Phone at Location	(215) 682-7114	Best Phone	(215) 191-3074	Fax (215) 682-7116
Business Email	rdb.lifeorce.abby@gmail.com	Website	carexpresshealth.com	
Years In Business	14	Average Ticket		Gross Annual Sales 3,200,000.00
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.	#of Tickets
3rd Month Vol.		#of Tickets	4th Month Vol.	#of Tickets

Owner #1 Name	Robert Bowers	Title	Founder, stockholder, authorized decision maker	
Date of Birth	02-01-1942	SSN	514-40-9912	
Full Home Address	5729 Private Drive			
Home Phone	(215) 794-5778	Cell Phone	(215) 292-3074	Email dennis.bowers123@gmail.com
Own/Rent	\$ 0 Own	Years There	32 years	Drivers Lience # 23199168--Pa State PA
Owner #2 Name		Title		
Date of Birth		SSN	--	
Full Home Address				
Home Phone		Cell Phone		Email
Own/Rent	\$ Own	Years There		Drivers Lience # State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Work Space Properties			Contact	Steve
Contact Phone	(267) 716-5437	Cell		Email	

Bank Name/Branch	TD Bank--Horsham, PA	Contact	Nahira Gomez	Phone	(215) 675-0768
Trade Reference#1	Competitive Health Inc.	Contact	Tiffany Schaeffers	Phone	(949) 455-4027
Trade Reference#2	Strategic Assoc.Marketing	Contact	John Byars	Phone	(678) 202-5968
Trade Reference#3	Affiliated Technology	Contact		Phone	(732) 225-3099

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.

