

DBA Name	PSR MULTICARE		Legal Name	PSR MULTICARE	
Type of Business	MOLD/FIRE/WATER DAMAGE RESTORATION		Tax ID	81-1916750	LLC
Full Business Address	319 Carrington Ridge, Stockbridge Ga 30281				
Full Billing Address					
Phone at Location	(678) 939-0773		Best Phone	(678) 939-0773	Fax
Business Email	Psrmulticare@gmail.com		Website		
Years In Business	4	Average Ticket		Gross Annual Sales	50,000.00
Do you currently have cash advance?	Yes	With who?	In advance	Balance	\$15,000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	Thomas Wariner		Title	President	
Date of Birth	09281989		SSN	259-71-2943	
Full Home Address	319 Carrington Ridge, Stockbridge Ga 30281				
Home Phone	(678) 939-0773	Cell Phone	(678) 939-0773	Email	thomas.wariner@gmail.com
Own/Rent	\$ 0 Rent	Years There	7 years	Drivers Lience #	052142495
				State	Ga
<b>Owner #2 Name</b>			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	
				State	

Business Home Based?	Yes	Location: Lease/Own	Leased	Lease Term	1 montg	Monthly Rent	1,200.00
Landlord / Mortgage Co.	860 South			Contact	Office		
Contact Phone	(678) 289-6644		Cell		Email		

Bank Name/Branch	Wells Fargo	Contact		Phone	
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 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	Thomas Wariner	Date	10/26/2017
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