

DBA Name	Tkoos	Legal Name	Tkoos Taking care of our seniors	
Type of Business	Home care	Tax ID	06-1821338	Corp
Full Business Address	119 n wynan			
Full Billing Address				
Phone at Location	(815) 977-3025	Best Phone	(815) 977-3025	Fax (815) 708-0074
Business Email	Tkoos370@aol.com	Website	Takingcsreofourseniors.com	
Years In Business	5	Average Ticket		Gross Annual Sales 1,000,000.00
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	Beverly Davis	Title	Agency nanager	
Date of Birth	01111973	SSN	345-68-0760	
Full Home Address	2614 crosby st			
Home Phone	(815) 977-3025	Cell Phone	(815) 608-5888	Email tkoos370@aol.con
Own/Rent	\$ 0 Own	Years There	13	Drivers Lience # D12007273611 State Il
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.	Luther center		Contact	Rose	
Contact Phone	(815) 964-0550	Cell	(815) 964-0550	Email	

Bank Name/Branch	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	Beverly Davis	Date	05/31/2017
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