

Full Business Address Full Business Address Full Bulling Address Full Business Email INHOMESENIORCARE@OUTLOOK.COM Website Full Business Email INHOMESENIORCARE@OUTLOOK.COM Website Full Business Full Bus	DBA Name	In Hon	ne Senior Care, Inc	Le	gal Name	In Home Seni	or Care, Inc	
Phone at Location (870) 563-0263 Best Phone (870) 838-4270 Fax	Type of Business	Home	Home Health		Tax ID			Corp
Phone at Location (870) 563-0263 Best Phone (870) 838-4270 Fax								
No	Full Billing Address							
Years In Business 11	Phone at Location	(870)	563-0263	В.	est Phone (87	70) 838-4270	Fax	
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 Doug Stanberry Title Owner Date of Birth 03-28-1972 SSN 429-71-6016 Full Home Address 698 N DELTA DR MARION, AR 72364 Brail DSTANBERRY@YAHOO.COM Own/Rent \$ 0 Own Years There Drivers Lience # AR-924793281 State AR Own/Rent \$ 0 Own Years There Drivers Lience # AR-924793281 State AR Full Home Address 537 W SEMMS AVE OSCEOLA, AR 72370 Email EVACHITWOOD@GMAIL.COM Own/Rent \$ 0wn Years There 11 Drivers Lience # AR-929907277 State AR Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent	Business Email	INHOM	MESENIORCARE@OUTL	OOK.COM	Website			
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 Doug Stanberry Title Owner Date of Birth 03-28-1972 SSN 429-71-6016 Full Home Address 698 N DELTA DR MARION, AR 72364 Femail DSTANBERRY@YAHOO.COM Own/Rent \$ 0 Own Years There Drivers Lience # AR-924793281 State AR Own/Rent EVA CHITWOOD Title OWNER Date of Birth SSN 430-88-7770 430-88-7770 Full Home Address 537 W SEMMS AVE OSCEOLA, AR 72370 Fmail EVACHITWOOD@@GMAIL.COM Own/Rent \$ Own Years There 11 Drivers Lience # AR-929907277 State AR Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Monthly Rent	Years In Business	11	Average T	icket		Gross Annual	Sales <u>1,476,000</u>	0.00
Last Month Vol. #of Tickets 2nd Month Vol. #of Tickets 3rd Month Vol. #of Tickets 4th Month Vol. #of Tickets Owner #1 Name Doug Stanberry Title Owner Date of Birth 03-28-1972 SSN 429-71-6016 Full Home Address 698 N DELTA DR MARION, AR 72364 Femail DSTANBERRY@YAHOO.COM Own/Rent \$ 0 Own Years There Drivers Lience # AR-924793281 State AR Owner #2 Name EVA CHITWOOD Title OWNER OWNER SSN 430-88-7770 Full Home Address 537 W SEMMS AVE OSCEOLA, AR 72370 Femail EVACHITWOOD@GMAIL.COM Own/Rent \$ Own Years There 11 Drivers Lience # AR-929907277 State AR Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact Contact Contact	Do you currently ha	ave cash advance	e? No	With who?			Balance	
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Date of Birth 03-28-1972 SSN 429-71-6016 Full Home Address 698 N DELTA DR MARION, AR 72364 Full Home Phone (870) 563-0263 Cell Phone Email DSTANBERRY@YAHOO.COM Own/Rent \$ 0 Own Years There Drivers Lience # AR-924793281 State AR Owner #2 Name EVA CHITWOOD Title OWNER SSN 430-88-7770 Full Home Address 537 W SEMMS AVE OSCEOLA, AR 72370 SSN 430-88-7770 Email EVACHITWOOD@GMAIL.COM Own/Rent \$ Own Years There 11 Drivers Lience # AR-929907277 State AR Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact Contact	3rd Month Vol.		#of Tickets		4th Month Vol	l	#of Tickets	
Full Home Address 698 N DELTA DR MARION, AR 72364 Email DSTANBERRY@YAHOO.COM Home Phone (870) 563-0263 Cell Phone Email DSTANBERRY@YAHOO.COM Own/Rent \$ 0 Own Years There Drivers Lience # AR-924793281 State AR Owner #2 Name EVA CHITWOOD Title OWNER COWNER Date of Birth SSN 430-88-7770 430-88-7770 Full Home Address 537 W SEMMS AVE OSCEOLA, AR 72370 Email EVACHITWOOD@GMAIL.COM Home Phone (870) 563-0263 Cell Phone (870) 838-4270 Email EVACHITWOOD@GMAIL.COM Own/Rent \$ Own Years There 11 Drivers Lience # AR-929907277 State AR Business Home Based? No Location: Lease/Own Owned Lease Term Monthly Rent Landlord / Mortgage Co. Contact	Owner #1 Name	Doug Stanberry		Title	Owner			
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Landlord / Mortgage Co. Contact	Own/Rent	\$ OWII	rears mere _i	<u> </u>	ivers Lience #	AK-929907277	State An	
	Business Home Bas	ed? No	Location: Lease/Ow	n Owned	Lease Te	erm	Monthly Rent	
Contact Phone Cell Fmail	Landlord / Mortgage Co.				Con	ntact		
Contact mone	Contact Phone		Ce	ell		Email		
Bank Name/Branch REGIONS PERSONAL Contact MRS. GONZALES Phone (870) 576-2120	Bank Name/Branch		SONAL Contac	ct MRS. GC	ONZALES	Phone	(870) 576-2120	
Trade Reference#1 SHELLY MUSGOVALLEY Contact Phone (501) 366-4163	Trade Reference#1	SHELLY MUSGO	OVALLEY Contac	ct		Phone	(501) 366-4163	
Trade Reference#2 Contact Phone	Trade Reference#2		Contac	ct		Phone		
Trade Reference#3 Contact Phone	Trade Reference#3		Contac	ct		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 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	Doug Stanberry	Date	09/03/2019
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