

DBA Name	Faith Home Healthcare LLC	Legal Name	Faith Home Healthcare LLC
Type of Business	Health Care	Tax ID	81-5193807 LLC
Full Business Address	271 US Highway 46, Suite E201		
Full Billing Address			
Phone at Location	(973) 244-2480	Best Phone	Fax (973) 629-1672
Business Email	geeta@faithcareus.com	Website	www.faithcareus.com
Years In Business	2017	Average Ticket	Gross Annual Sales 759,000.00
Do you currently have cash advance?	Yes	With who?	Summit Balance \$47960
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

<b>Owner #1 Name</b>	Geetakumari Fofandi	Title	President
Date of Birth	09-29-1982	SSN	137-23-8957
Full Home Address	18 Elm Pl, Nutley, 70110		
Home Phone	(973) 244-2480	Cell Phone	(862) 249-2389 Email geeta@faithcareus.com
Own/Rent	\$ 0 Own	Years There	2019 Drivers Lience # F61182766259822 State NJ
<b>Owner #2 Name</b>	Mamtaben Patel	Title	VP
Date of Birth		SSN	154-19-3660
Full Home Address	35 Paulison Ave, Passaic, NJ 07055		
Home Phone	(973) 510-3433	Cell Phone	Email
Own/Rent	\$ Rent	Years There	10 Drivers Lience # P0795515655741 State NJ

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Back Nine Realty Parteners, LLC		Contact	John	
Contact Phone	(201) 602-8067	Cell	Email		

Bank Name/Branch	Bank Of America	Contact	Johnny	Phone	(973) 779-1880
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

Geetakumari Fofandi

Date

08/01/2019