

DBA Name	LILLIAN'S CARE INC.		Legal Name	LILLIAN'S CARE INC	
Type of Business	HOME HEALTH AGENCY		Tax ID	471026236	Corp
Full Business Address	1367 ANCHOR ST., PHILADELPHIA, PA 19124				
Full Billing Address					
Phone at Location	(267) 686-5665		Best Phone	(267) 204-3500	Fax (267) 543-7660
Business Email	LILLIANSCAREINC@GMAIL.COM		Website	HTTP://WWW.LILLIANSCAREINC.COM	
Years In Business	2.5	Average Ticket		Gross Annual Sales	738,476.00
Do you currently have cash advance?	Yes	With who?	YELLOWSTONE, CFG		Balance 14115, 6400
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>	LILLIAN THROWER		Title	CEO	
Date of Birth	15-01-1962		SSN	138-62-9430	
Full Home Address	1325 66th Ave, B21				
Home Phone	(484) 347-8117	Cell Phone		Email	lillianscareinc@gmail.com
Own/Rent	\$ 0 Rent	Years There	1.5	Drivers Lience #	26775107 State PA
<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?	No	Location: Lease/Own	Leased	Lease Term	MONTH TO MONTH	Monthly Rent	650.00
Landlord / Mortgage Co.	CYNTHIA HOLMAN			Contact	CYNTHIA HOLMAN		
Contact Phone	(215) 289-7598		Cell		Email	cynthiaholman3@gmail.com	

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 aboe listed business and business owne/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 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 informaiton 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	LILLIAN THROWER	Date	03/16/2017
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