

DBA Name	Autumn Years Nursing Center		Legal Name	Earley and Ross, LTD dba Autumn Years Nursing	
Type of Business	Nursing Home		Tax ID	31-1745540	LLC
Full Business Address	580 E Washington St				
Full Billing Address					
Phone at Location	(937) 584-2497		Best Phone	(937) 477-5717	Fax (937) 584-2508
Business Email	ssortts@frontier.com		Website	non	
Years In Business	16	Average Ticket		Gross Annual Sales	2,440,627.00
Do you currently have cash advance?	Yes	With who?	Everest		Balance 20976.00
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>	Tracy Ross		Title	partner	
Date of Birth	03181966		SSN	113-60-5022	
Full Home Address	469 W Washington St Sabina Ohio 45169				
Home Phone	(937) 477-5717	Cell Phone	(937) 477-5717	Email	ssortts@frontier.com
Own/Rent	\$ 0 Own	Years There	14	Drivers Lience #	RU457558 State ohio
<b>Owner #2 Name</b>	Tim Ross		Title	partner	
Date of Birth			SSN	297-54-2874	
Full Home Address	469 W Washington				
Home Phone	(937) 584-9363	Cell Phone	(937) 238-8070	Email	
Own/Rent	\$ Own	Years There	14	Drivers Lience #	RN238118 State Ohio

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Peoples Bank			Contact	Candance
Contact Phone	(937) 584-2466	Cell		Email	

Bank Name/Branch	Peoples Bank - Sabina	Contact	Candance	Phone	(937) 584-2466
Trade Reference#1	Gordon Food Service	Contact		Phone	(800) 968-6109
Trade Reference#2	Mc Carty's Garden	Contact		Phone	(937) 584-5441
Trade Reference#3	Medline	Contact		Phone	(800) 388-2147

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

Tracy Ross

Date

01/10/2017