

DBA Name	TENDER LOVE AND CARE HOSPICE HOME CARE AGENCY LLC		Legal Name	TENDER LOVE AND CARE HOSPICE HOME CARE AGENCY	
Type of Business	HOME CARE AGENCY		Tax ID	900934036	LLC
Full Business Address	2 BALA PLAZA BALA CYNWYD PA				
Full Billing Address					
Phone at Location	(215) 763-1143	Best Phone	(215) 763-1143	Fax	(610) 617-3278
Business Email	TENDERLOVELLC@COMCAST.NET		Website	TENDERLOVEANDCAREHOSPICECARETAKERS.COM	
Years In Business	4	Average Ticket		Gross Annual Sales	25,255,312.00
Do you currently have cash advance?	Yes	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	CHRISTINE KING		Title	CHIEF EXECUTIVE OFFICER	
Date of Birth	06261969		SSN	194-64-4009	
Full Home Address	4426 SHERWOOD RD PHILA PA 19131				
Home Phone	(215) 763-1143	Cell Phone	(215) 763-1143	Email	TENDERLOVELLC@COMCAST.NET
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	06261969
				State	PA
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.	AMERICAN EXECUTIVE OFFICES			Contact	COURTNEY		
Contact Phone	(610) 660-7792	Cell		Email	CFERNANDEZ@AMERICANEXECUTIVECENTERS.COM		

Bank Name/Branch	TD BANK	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	CHRISTINE KING	Date	02/08/2017
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