

DBA Name	ComCare Home Care Services		Legal Name	Bushby Enterprises, Inc.	
Type of Business	Home Health		Tax ID	27-2022073	Corp
Full Business Address	1510 West Church Street, Newark OH 43055				
Full Billing Address					
Phone at Location	(740) 755-4953		Best Phone	(740) 405-2695	Fax (740) 915-4324
Business Email	jbushby@comcarehomecare.com		Website	www.comcarehomecare.net	
Years In Business	4	Average Ticket		Gross Annual Sales	1,092,000.00
Do you currently have cash advance?	Yes	With who?	Yellowstone Capital		Balance 26,400.00
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

Owner #1 Name	John Busbhy		Title	President	
Date of Birth	08/17/1968		SSN	269-72-0432	
Full Home Address	1375 Country Side Drive				
Home Phone	(740) 755-4953	Cell Phone	(740) 405-2695	Email	jbushby@comcarehomecare.com
Own/Rent	\$ 0 Rent	Years There	3	Drivers Lience #	RU758342 State OHIO
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.	Al Lyons		Contact	Al Lyons	
Contact Phone	(740) 349-3878	Cell	(740) 403-7144	Email	al.lyons@ampf.com

Bank Name/Branch	PNC Bank /Church Street	Contact	Sandy Williams	Phone	(740) 349-8431
Trade Reference#1	ArjoHuntleigh	Contact	Rick Sakomoto	Phone	(714) 272-1310
Trade Reference#2	Bright Point	Contact	Nathan Johnson	Phone	(614) 706-6777
Trade Reference#3	Paychex	Contact	Scott McInerney	Phone	(614) 323-2806

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

John Busbhy

Date

10/27/2017