

DBA Name		same		L	egal Name	bridgeport health care center inc		_	
Type of Business		health care			ax ID	06-1296665		Corp	
Full Business Addre	SS	600 bond stree	et bridgeport ct (06610					
Full Billing Address									
Phone at Location		(203) 384-64	00		Best Phone (646)	342-4495	Fax	(203) 384-6499	
Business Email		cstern@bhccmail.com			Website				
Years In Business		1990	Average Tic	ket _		Gross Annual Sales		36,000,000.00	
Do you currently ha	ave cash	advance?	No V	Vith who?			_ Bala	nce	
Current Credit Card Processor					Average	Processing Vo	lume		
Last Month Vol.		#of	Tickets		2nd Month Vol.		_ #of T	ickets	
3rd Month Vol.		#of ⁻	Tickets		4th Month Vol.		_ #of T	ickets	
Owner #1 Name	miriam	stern		Title	e president				
Date of Birth	021119			SSN	<u> </u>	17			
Full Home Address	7050 13	7050 136th street flushing ny 11367							
Home Phone	(718) 79		•	(646) 342-4	4495 Email	cstern	@bhccmail.c	om	
Own/Rent	\$ 0 Ow	vn Y	ears There 38	years [Drivers Lience # 57	 75112036	State	new york state	
Owner #2 Name				Title	2				
Date of Birth				SSN	I				
Full Home Address									
Home Phone		С	ell Phone		Email				
Own/Rent	\$	Y	ears There		Orivers Lience #		State		
Business Home Bas	ed?	No Locat	tion: Lease/Own	Leased	Lease Tern	n	Month	nly Rent	
Landlord / Mortgage	e Co.	bridgeport healt	h care realty co.		Conta	ct	same as o	corp	
Contact Phone	-	(646) 342-4495	Cell	_		_ Emai	I		
Bank Name/Branch td bank			Contact	bernard	l dolington	Phone	(718) 544	4-0319	
Trade Reference#1			Contact			 Phone			
Trade Reference#2			 Contact			_ Phone			
Trade Reference#3			Contact			– Phone			
I haraby represent that all	the chave	information is true on	d understand that was	ling folgo etc	staments might be sone	idered froud Dun	raviding the ab	ave information, the applicant(s)	

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 pertinet 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 ownet/officer (individually and collectiverly, "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 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	miriam stern	Date	01/30/2018