

DBA Name	MOTHER VIRGINIA LOVING CARE Inc		Legal Name	MOTHER VIRGINIA LOVING CARE Inc	
Type of Business	assisted living facility for elderly		Tax ID	47-4901118	Corp
Full Business Address	9847 Lincoln Village Dr. Sacramento Ca 95827				
Full Billing Address					
Phone at Location	(916) 476-3622		Best Phone	(916) 801-8917	Fax (866) 455-8231
Business Email	mvlc.inc@gmail.com		Website	http://www.seniorcarehomessacramento.com	
Years In Business	4	Average Ticket		Gross Annual Sales	500,000.00
Do you currently have cash advance?	Yes	With who?	Funding Circle	Balance	87000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	JCTHY OBTINALLA		Title	CEO	
Date of Birth	03281988		SSN	622-75-4471	
Full Home Address	10949 HAVESHILL WAY mather ca 95655				
Home Phone	(916) 801-8917	Cell Phone	(916) 801-8917	Email	mvlc.inc@gmail.com
Own/Rent	\$ 0 Own	Years There	2	Drivers Lience #	E3097608 State CA
Owner #2 Name	ATHENA OBTINALLA		Title	SECRETARY	
Date of Birth			SSN	103-96-4770	
Full Home Address	10949 HAVESHILL WAY				
Home Phone	(916) 801-8917	Cell Phone	(916) 801-8917	Email	mvlc.inc@gmail.com
Own/Rent	\$ Own	Years There	2	Drivers Lience #	e3466355 State CA

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Henry Gabrielian			Contact	9166782305
Contact Phone		Cell		Email	

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 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	JCTHY OBTINALLA	Date	09/25/2018
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