

DBA Name	Family Wise Home Care	Legal Name	Family Wise LLC	
Type of Business	Non-Medical Home Care	Tax ID	46-3088684	Corp
Full Business Address	3422 W. Commissioner St.			
Full Billing Address				
Phone at Location	(215) 352-4661	Best Phone	(215) 352-4661	Fax (267) 519-3186
Business Email	pcfamiywise@comcast.net	Website	www.familywisehomecare.com	
Years In Business	4	Average Ticket		Gross Annual Sales 339,000.00
Do you currently have cash advance?	No	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

<b>Owner #1 Name</b>	Paulette Isaac	Title	Owner/Member
Date of Birth	09031960	SSN	184-56-5023
Full Home Address	406 Scotland Drive		
Home Phone	(215) 352-4661	Cell Phone	(267) 235-5468
Email	isaacpmi@comcast.net		
Own/Rent	\$ 0 Rent	Years There	9
Drivers Lience #	1270562	State	DE
<b>Owner #2 Name</b>	John Issaac	Title	Owner/Member
Date of Birth		SSN	178-48-3182
Full Home Address	3422 W. Commissioner Street		
Home Phone	(267) 639-6140	Cell Phone	(215) 888-0734
Email	paulettisaac@comcast.net		
Own/Rent	\$ Own	Years There	5
Drivers Lience #	18379532	State	PA

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Quicken Loans		Contact		
Contact Phone	(877) 624-1981	Cell		Email	

Bank Name/Branch	Univest	Contact	Mia	Phone	(877) 723-5571
Trade Reference#1	Sparks Business Card	Contact		Phone	(800) 227-4825
Trade Reference#2	Staples	Contact	Cardholder Services	Phone	(800) 767-1291
Trade Reference#3	Small Business Developmen	Contact	Main Office	Phone	(215) 204-7282

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

Paulette Isaac

Date

09/14/2017