

DBA Name	Same	Legal Name	Angelo Custode Healthcare	
Type of Business	Medical Practice	Tax ID	46-5047588	Corp
Full Business Address	1804 Oakley Seaver Dr Suite F			
Full Billing Address				
Phone at Location	(352) 404-7815	Best Phone	(424) 343-6891	Fax
Business Email	mas@angelocustodehealthcare.com	Website	angelocustodehealthcare.com/currently under construction	
Years In Business	2	Average Ticket		Gross Annual Sales 600000.00
Do you currently have cash advance?	Yes	With who?	Knight Capital/Pearl Beta	Balance \$6000/4000
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	Milania Alessia	Title	President
Date of Birth	08-10-1970	SSN	313-27-0063
Full Home Address	13506 Summerport Village Pkwy #414 Windermere Fl 34786		
Home Phone	(424) 343-6891	Cell Phone	(424) 343-6891
Email	mas@angelocustodehealthcare.com		
Own/Rent	\$ 0 Own	Years There	3
Drivers Lience #	S530541707900	State	Florida
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.	Barney Medical Properties		Contact	Simone Barney	
Contact Phone	(818) 643-0213	Cell	(828) 643-0213	Email	bs@bbmaclincs.com

Bank Name/Branch	Suntrust	Contact	Debbie Gopaul	Phone	(407) 554-0200
Trade Reference#1	Sterling Pharmaceuticals	Contact	Jensen Abromowicz	Phone	(352) 801-5301
Trade Reference#2	Bishop& Bingham Medical G	Contact	Karen Allen	Phone	(702) 755-4867
Trade Reference#3	Dominion National Medical	Contact	Brooke Michelson	Phone	(407) 965-6616

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 aboe listed business and business owenet/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 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 informaiton 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	Date
	Milania Alessia	08/25/2016