

DBA Name	n/a		Legal Name	Aides and Companions LLC	
Type of Business	Home Care Companu		Tax ID	463644340	LLC
Full Business Address	65 Elm Street, W Haven, CT 06516				
Full Billing Address					
Phone at Location	(203) 777-1234		Best Phone		Fax
Business Email	sar@aidesandcompanions.com		Website	www.aidesandcompanions.com	
Years In Business	4	Average Ticket		Gross Annual Sales	800,000.00
Do you currently have cash advance?	Yes	With who?	Bluevine; Kabbage		Balance 18k; 3k
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>	A&C 2014 Irrevocable Trust		Title	Trust	
Date of Birth	1/1/2014		SSN	476-77-0636	
Full Home Address	441 Glendevon Dr N, W Haven, CT 06516				
Home Phone	(203) 777-1234	Cell Phone		Email	sar@aidesandcompanions.com
Own/Rent	\$ 0 Own	Years There		Drivers Lience #	State
<b>Owner #2 Name</b>	Denise Rosenkrantz, Trustee		Title	Trustee	
Date of Birth			SSN	049-50-7787	
Full Home Address	441 Glendevon Dr N, W Haven, CT 06516				
Home Phone	(203) 387-8844	Cell Phone		Email	sar@aidesandcompanions.com
Own/Rent	\$ Own	Years There	30	Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	V incent Amore			Contact	Vincent
Contact Phone	(203) 430-7087	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

Stuart Rosenkrantz

Date

07/28/2017