

|                                     |                          |                           |                          |                               |
|-------------------------------------|--------------------------|---------------------------|--------------------------|-------------------------------|
| DBA Name                            | PAIX HEALTH SERVICES INC | Legal Name                | PAIX HEALTH SERVICES INC |                               |
| Type of Business                    | home health agency       | Tax ID                    | 800232849                | Corp                          |
| Full Business Address               | 7311 eden crossing lane  |                           |                          |                               |
| Full Billing Address                |                          |                           |                          |                               |
| Phone at Location                   | (281) 313-5255           | Best Phone                | (281) 748-0528           | Fax (281) 565-0697            |
| Business Email                      | paixhealthcare@gmail.com | Website                   |                          |                               |
| Years In Business                   | 8YRS                     | Average Ticket            |                          | Gross Annual Sales 201,218.52 |
| 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> | STELLA EKPRUKE          | Title       | ADMINISTRATOR  |                                       |
| Date of Birth        | 08/31/1973              | SSN         | 631-84-9056    |                                       |
| Full Home Address    | 7311 eden crossing lane |             |                |                                       |
| Home Phone           | (281) 748-0528          | Cell Phone  | (281) 748-0528 | Email paixhealthcare@gmail.com        |
| Own/Rent             | \$ 0 Own                | Years There | 16yrs          | Drivers Lience # 02433694 State TEXAS |
| <b>Owner #2 Name</b> |                         | Title       |                |                                       |
| Date of Birth        |                         | SSN         | --             |                                       |
| Full Home Address    |                         |             |                |                                       |
| Home Phone           |                         | Cell Phone  |                | Email                                 |
| Own/Rent             | \$ Own                  | Years There |                | Drivers Lience # State                |

|                         |     |                     |       |            |              |
|-------------------------|-----|---------------------|-------|------------|--------------|
| Business Home Based?    | Yes | Location: Lease/Own | Owned | Lease Term | Monthly Rent |
| Landlord / Mortgage Co. |     | Contact             |       |            |              |
| Contact Phone           |     | Cell                |       | Email      |              |

|                   |                   |         |                |       |                |
|-------------------|-------------------|---------|----------------|-------|----------------|
| Bank Name/Branch  | bank of america   | Contact | JASON ADAIR    | Phone | (281) 712-4728 |
| Trade Reference#1 | BILLING SOLUTIONS | Contact | OKEY OKECHUKS  | Phone | (713) 894-8046 |
| Trade Reference#2 | COMPU SOLUTIONS   | Contact | KEN            | Phone | (281) 733-3312 |
| Trade Reference#3 | WALTHALL SACHSE   | Contact | DIANE ALVARADO | Phone | (210) 384-0000 |

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

STELLA EKPRUKE

Date

04/11/2017