

DBA Name	In Home Senior Care, Inc	Legal Name	In Home Senior Care, Inc
Type of Business	Home Health	Tax ID	27-3279559 Corp
Full Business Address	398 W KEISER AVE ASCEOLA, AR 72370		
Full Billing Address			
Phone at Location	(870) 563-0263	Best Phone	(870) 838-4270 Fax
Business Email	INHOMESENIORCARE@OUTLOOK.COM	Website	
Years In Business	11	Average Ticket	Gross Annual Sales 1,476,000.00
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

Owner #1 Name	Doug Stanberry	Title	Owner
Date of Birth	03-28-1972	SSN	429-71-6016
Full Home Address	698 N DELTA DR MARION, AR 72364		
Home Phone	(870) 563-0263	Cell Phone	Email DSTANBERRY@YAHOO.COM
Own/Rent	\$ 0 Own	Years There	Drivers Lience # AR-924793281 State AR
Owner #2 Name	EVA CHITWOOD	Title	OWNER
Date of Birth		SSN	430-88-7770
Full Home Address	537 W SEMMS AVE OSCEOLA, AR 72370		
Home Phone	(870) 563-0263	Cell Phone	(870) 838-4270 Email EVACHITWOOD@GMAIL.COM
Own/Rent	\$ Own	Years There 11	Drivers Lience # AR-929907277 State AR

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

Bank Name/Branch	REGIONS PERSONAL BANK	Contact	MRS. GONZALES	Phone	(870) 576-2120
Trade Reference#1	SHELLY MUSGOVALLEY	Contact		Phone	(501) 366-4163
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	Doug Stanberry	Date	09/03/2019
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