MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Joe
	and the first

DBA Name		NA			l egal	Name	Shanti Home	Inc.		
Type of Business	Assisted Living Facility			Tax ID		26-1747529			Corp	
Full Business Addre				Laurel						Со. р
Full Billing Address	.55	0110 010	Janay Spring No	Laurer,	1-10. 2070	<u>'</u>				
Phone at Location		(301) 72			Rest	Phone (301)	758-0991	Fax	(301) 725-4	171
Business Email	(301) 725-8799 Rarumugam1@gmail.com		<u> </u>	Website		750 0551	Tux	(301) / 13 .		
Years In Business		25 Average Tick					Gross Annual Sales 600,00		00,000.00	
	ava sash				who? Ond	nck	G1033 Allitual	_		
Do you currently h			Yes	VVILI	wno? Onde			-	nce <u>15000</u>	
Current Credit Card	d Processo	or				Average	Processing Vol	ume		
Last Month Vol.			#of Tickets		2n	d Month Vol.		#of Ti	ckets	
3rd Month Vol.			#of Tickets		4tl	n Month Vol.		#of Ti	ckets	
Owner #1 Name	Ramu Arı	umugam			Title	Ceo				
Date of Birth	07 10 19	58			SSN	231-25-99	54			
Full Home Address	14204 co	leford ct								
Home Phone	(301) 758	3-0991	Cell Phone	(301	l) 758-0991	Email	Rarum	ugam1@gma	ail.com	
Own/Rent	\$ <u>0 Owr</u>	า	Years There	12	Drive	rs Lience #		State	Md.	_
Owner #2 Name					Title					
Date of Birth					SSN					
Full Home Address										
Home Phone			Cell Phone			Email				
Own/Rent	\$		Years There		Drive	rs Lience #		State		_
Business Home Bas	sed?	No	Location: Lease/0	)wn L	_eased	Lease Terr	n	Month	ly Rent	
Landlord / Mortgag			·	_		— Conta	ct		, <u> </u>	
Contact Phone	_			Cell			Email	-		
Contact Friorie	_			Cell						
Bank Name/Branch			Cont	act _			Phone			
Trade Reference#1			Cont	act			Phone			
Trade Reference#2			Cont	act			Phone			_
Trade Reference#3			Cont	act			 Phone 			
I hereby represent that all	the above in	formation is	true and understand th	at making	false stateme	nts might be cons	sidered fraud. By pr	oviding the abo	ove information, the	applicant(s)

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 pertinet 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 ownet/officer (individually and collectiverly, "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 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	Ramu Arumugam	Date	05/04/2017
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