

DBA Name		Avantgarde Sen	ior Living of Ta	irzana L	egal Name		Avantgarde S	Senior Livir	ng	
		138 bed assisted living and memory care facility			Tax ID 2		273204415			Corp
Full Business Addres	ss	5645 Lindley Ave	nue, Tarzana (CA 91356						
Full Billing Address										
Phone at Location		(818) 881-0055			Best Phone ((818) 6	592-5284	Fax	(818)	381-0180
Business Email		Jason@agsliving	.com	Website			www.agsliving.com			
Years In Business		9	Average Ticket Gross Annual Sales 6,700,000.00				00			
Do you currently ha	ive cash a	advance?	No W	ith who? _				Bala	nce	
Current Credit Card Processor Average Processing Volume										
Last Month Vol.	ī	#of Tic	kets	2nd Month Vol.			#of Tickets			
3rd Month Vol.		#of Tic	kets		4th Month \	√ol.	#of Tickets			
Owner #1 Name	Jason Ade	elman		Title	e CEO					
Date of Birth		10/30/1977			5N 602-10-8853					
Full Home Address	11 Marine	Terrace, Unit 5 Sar	nta Monica, CA 9	0401						
Home Phone	(818) 692	818) 692-5284								
Own/Rent	\$ <u>0 Own</u>	wn Years There 8186925284 Drivers Lience # B4480895 State California						nia		
Owner #2 Name				Title						
Date of Birth				SSN						
Full Home Address										
Home Phone		Cell I	Phone –		Emai	I				
Own/Rent	\$	Year	s There		Privers Lience 7	#		State		
Business Home Base	ed?	No Location	n: Lease/Own	Leased	Lease	Term		Montl	hly Rent	
Landlord / Mortgage	Co. <u>J</u> a	son Adelman			C	Contact	t	818-692-	5284	
Contact Phone	8)	318) 692-5284	Cell	3)	318) 692-528	34	Email	Jac	delman197	7@gmail.com
Bank Name/Branch	Cathay	Business Bank	Contact	Dayana	Macalister		Phone	(213) 62	5-4817	
Trade Reference#1	Tatkin Law Contact			Lowell Tatkin			Phone	(310) 57	8-8188	
Trade Reference#2	Roberts	oberts Accounting Contact		Brent R	Brent Roberts		Phone	(818) 88	4-2334	
Trade Reference#3	F and W	/ Foods	 Contact 	David F	inkelstein		Phone	(213) 87	7-1111	

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	Jason Adelman	Date	08/29/2019