

DBA Name	FAITHFUL GUARDIAN CARE		Legal Name	Uola Enterprises, LLC.	
Type of Business	Non-Medical Home Care Agency		Tax ID	471147373	LLC
Full Business Address	1515 AURORA DR.				
Full Billing Address					
Phone at Location	(888) 737-7706		Best Phone	(888) 737-7706	Fax (510) 443-0178
Business Email	prince@faithfulguardiancare.com		Website	www.faithfulguardiancare.com	
Years In Business	1	Average Ticket		Gross Annual Sales	200,000.00
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	VAILALA UOLA		Title	director of operations	
Date of Birth	01/05/1992		SSN	576-63-7367	
Full Home Address	1436 74th ave.				
Home Phone	(510) 282-5827	Cell Phone	(510) 282-5827	Email	prince@faithfulguardiancare.com
Own/Rent	\$ 0 Rent	Years There	5	Drivers Lience #	e3070960 State California
Owner #2 Name			Title		
Date of Birth			SSN		
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$	Years There		Drivers Lience #	State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	6 months	Monthly Rent	700.00
Landlord / Mortgage Co.	Aurora Business Center			Contact	Gladys Fang		
Contact Phone	(510) 366-8069	Cell	(510) 907-9996	Email	gladys.fang@gmail.com		

Bank Name/Branch	Chase Bank	Contact	Chase	Phone	(510) 614-1675
Trade Reference#1	Keasi Eteaki	Contact	Keasi	Phone	(510) 565-2577
Trade Reference#2	Silua Uola	Contact	Silua	Phone	(650) 630-6182
Trade Reference#3	Edna Lee	Contact	Edna	Phone	(510) 529-8365

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

VAILALA UOLA

Date

06/05/2017