

DBA Name	ALWAYS CARING HOME CARE SERVICES, INC.		Legal Name	ALWAYS CARING HOME CARE SERVICES, INC.	
Type of Business	HOME HEALTH AGENCY		Tax ID	74-2672001	Corp
Full Business Address	4171 N. Mesa St., Suite D400, El Paso, TX 79902				
Full Billing Address					
Phone at Location	(915) 545-4663	Best Phone	(915) 545-4663	Fax	(915) 544-6362
Business Email	ACHCS@AOL.COM		Website		
Years In Business	22	Average Ticket		Gross Annual Sales	4,100,000.00
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	Magdalene Ullrich-Allen		Title	Administrator, President	
Date of Birth	06/27/1957		SSN	313-64-9683	
Full Home Address	301 Wallace Road, Anthony, NM 88021				
Home Phone	(915) 545-4663	Cell Phone	(915) 479-1592	Email	ACHCS@AOL.COM
Own/Rent	\$ 0 Own	Years There	22	Drivers Lience #	
				State	New Mexico
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	Monthly Rent
Landlord / Mortgage Co.	ORSO PARTNERS, LLP			Contact	DIANE LE MASTER
Contact Phone	(915) 545-2333	Cell	(915) 545-2333	Email	

Bank Name/Branch	UNITED BANK OF EL PASO	Contact	DAVID KELLAR	Phone	(915) 231-2500
Trade Reference#1	MERIDIAN MEDICAL SUPPLY	Contact	JERRY PONICKI	Phone	(915) 351-2500
Trade Reference#2	ALL STATE INSURANCE	Contact	JAIME ALDERETTE	Phone	(915) 921-5558
Trade Reference#3	ASSURED BENEFITS	Contact	SERGIO ACUNA	Phone	(915) 373-0878

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	Magdalene Ullrich-Allen	Date	01/11/2017
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