

DBA Name	N/A		Legal Name	Nightingale-Alan Medical Equipment Services LLC	
Type of Business	Medical Equipment Sales and Service		Tax ID	26-2616126	Corp
Full Business Address	11418 Deerfield Rd				
Full Billing Address					
Phone at Location	(513) 247-8200	Best Phone	(513) 295-6100	Fax	(513) 247-8207
Business Email	pmeyer@namedinc.com		Website	www.namedinc.com	
Years In Business	21	Average Ticket		Gross Annual Sales	1,500,000.00
Do you currently have cash advance?	Yes	With who?	On Deck Huntington US Bank		Balance 4600 21000 24000
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

<b>Owner #1 Name</b>	Paul Meyer		Title	President COO	
Date of Birth	02/09/1955		SSN	291-42-/808	
Full Home Address	8759 Wales Dr				
Home Phone	(513) 295-6100	Cell Phone	(513) 295-6100	Email	pmeyer@namedinc.com
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	RU307268 State Ohio
<b>Owner #2 Name</b>	Richard Almasy		Title	Sales and Marketing Manager	
Date of Birth			SSN	284-42-2779	
Full Home Address	5361 Frey Ave W				
Home Phone	(330) 327-1199	Cell Phone	(330) 327-1199	Email	ralmasy@namedinc.com
Own/Rent	\$ Own	Years There		Drivers Lience #	State Ohio

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	Bob Ochs		Contact		
Contact Phone		Cell	(513) 530-0281	Email	

Bank Name/Branch	Huntingtton Bank Blue Ash	Contact	Branch Manager	Phone	(513) 563-5050
Trade Reference#1	Percussionaire Corp	Contact	Giles Wilson	Phone	(208) 263-2549
Trade Reference#2	Bay Corporation	Contact	Mark Altstadt	Phone	(888) 835-3800
Trade Reference#3	Kol Bio Medical	Contact	Ryan McInerney	Phone	(800) 336-5018

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

Paul Meyer

Date

11/07/2019