

DBA Name	ALT MED SERVICES		Legal Name	helping hands outreach	
Type of Business	naturopathic		Tax ID	47-3629420	Corp
Full Business Address	8035 BLACK HAWK RD				
Full Billing Address					
Phone at Location	(605) 343-2682		Best Phone	(605) 430-6906	Fax (605) 348-4668
Business Email	cory.c@juno.com		Website	lympninfo.com	
Years In Business	34	Average Ticket		Gross Annual Sales	600,000.00
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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	cory carter		Title	owner	
Date of Birth	03-01-1956		SSN	546-02-0619	
Full Home Address	5441 marshfield ln rapid city 57702				
Home Phone	(605) 343-2682	Cell Phone	(605) 430-6906	Email	cory.c@juno.com
Own/Rent	\$ 0 Rent	Years There	Drivers Lience #	00342313	State South Dakota
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?	<u>No</u>	Location: Lease/Own	<u>Leased</u>	Lease Term	<u> </u>	Monthly Rent	<u> </u>
Landlord / Mortgage Co.	<u>chris guy</u>			Contact	<u>open</u>		
Contact Phone	<u>(605) 737-6261</u>	Cell	<u> </u>		Email	<u> </u>	

Bank Name/Branch	black hills federal credi	Contact	Phone	(605) 718-1818
Trade Reference#1	systemic formulas	Contact	Phone	(800) 445-4647
Trade Reference#2	inno vita	Contact	Phone	(877) 737-3411
Trade Reference#3	stander process	Contact	Phone	(800) 321-9807

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	cory carter	Date	12/13/2017
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