

DBA Name	Nu horizons LLC	Legal Name	Nu horizons LLC	
Type of Business	Dialysis/healthcare	Tax ID	811121141	Corp
Full Business Address	2171 jericho turnpike, ste 338			
Full Billing Address				
Phone at Location	(631) 462-4200	Best Phone	(631) 793-7260	Fax (631) 234-2715
Business Email	jlongano@nhdialysis.com	Website	Homehemodialysis.org	
Years In Business	3	Average Ticket		Gross Annual Sales 160,000.00
Do you currently have cash advance?	Yes	With who?	Vader capital	Balance 3,400
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	Jonathan Longano		Title	President
Date of Birth	06131979		SSN	052-yy-0931
Full Home Address	1612 devonshire road			
Home Phone	(631) 793-7260	Cell Phone		Email lfrost@nhdialysis.com
Own/Rent	\$ 0 Rent	Years There	1	Drivers Lience # 903127836 State New york
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.				Contact	
Contact Phone		Cell		Email	

Bank Name/Branch	Peoples united bank	Contact	Kelly	Phone	(631) 269-4900
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		Phone	

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	Jonathan Longano	Date	04/04/2019
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