

DBA Name	HELPING HANDS HEALTH SERVICES	Legal Name	HELPING HANDS HEALTH SERVICES				
Type of Business	IN HOME ASSISTED LIVING	Tax ID	75-3190413	LLC			
Full Business Address	62335 COMMERCIAL ST. ROSELAND, LA. 70456						
Full Billing Address							
Phone at Location	(985) 748-4263	Best Phone	(985) 969-6755	Fax (985) 748-4285			
Business Email	robrealus@yahoo.com	Website	helpinghandshs.org				
Years In Business	12	Average Ticket		Gross Annual Sales 1,002,000.00			
Do you currently have cash advance?	Yes	With who?	Premier Capital Finance	Balance 73,000.00			
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	ROBERT LEWIS		Title	DIRECTOR			
Date of Birth	09051969		SSN	439-49-5310			
Full Home Address	17337 HWY 1061 AMITE, LA. 70422						
Home Phone	(985) 969-6755	Cell Phone	(985) 969-6755	Email	robrealus@yahoo.com		
Own/Rent	\$ 0 Own	Years There	9	Drivers Lience #	005444515	State	LOUISIANA
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?	Yes	Location: Lease/Own	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	N/A			Contact	N/A		
Contact Phone		Cell		Email			

Bank Name/Branch	Regions Bank	Contact		Phone	(800) 734-4667
Trade Reference#1	SOUTHEAST BUSINESS SYSTEM	Contact		Phone	(985) 345-9515
Trade Reference#2	LEAF COMMERCIAL	Contact		Phone	(800) 662-3759
Trade Reference#3	CHEVRON/TEXACO	Contact		Phone	(800) 226-3905

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 aboe listed business and business owne/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 transcation, including without limitation the application therefor (collectively, "Transcation") 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 informaiton 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	ROBERT LEWIS	Date	12/03/2018
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