

DBA Name	CABB Community Supports LLC		Legal Name	CABB Community Supports LLC	
Type of Business	Behavioral Healthcare Provider		Tax ID	82-682195	LLC
Full Business Address	455 E. Eisenhower Pkwy, Ann Arbor MI 48108				
Full Billing Address					
Phone at Location	(734) 773-0074		Best Phone	(734) 262-2053	Fax (833) 230-5607
Business Email	anne1@cabbsupports.com		Website		
Years In Business	1	Average Ticket		Gross Annual Sales	90,000.00
Do you currently have cash advance?	Yes	With who?	KAPITUS		Balance \$25,000
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	Anne Akinfenwa		Title	CEO	
Date of Birth	01-18-1965		SSN	362-98-1962	
Full Home Address	13632 Country Walk Blvd, Belleville, MI 48111				
Home Phone	(734) 262-2053	Cell Phone	(734) 262-2053	Email	anne1@cabbsupports.com
Own/Rent	\$ 0 Rent	Years There	734-262-2053	Drivers Lience #	A251067770050
				State	Michigan
Owner #2 Name			Title		
Date of Birth			SSN	--	
Full Home Address					
Home Phone		Cell Phone		Email	
Own/Rent	\$ Own	Years There		Drivers Lience #	
				State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	Office Evolution			Contact	Andrea Hernandez-Morales		
Contact Phone	(734) 821-8085	Cell		Email	annarbor.mi@officeevolution.com		

Bank Name/Branch	Contact	Phone
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	Anne Akinfenwa	Date	11/19/2019
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