MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809
VIOLEY VOINS	Sales Rep: Kyle

DBA Name			nome Health Ager	ncy Le	gal Name	Sun Care, LLC	
Type of Business		Home Health	Agency	Ta	x ID	800523580	LLC
Full Business Addre	ess	1499 W Palme	tto Park road Suit	te 111 Boca	Raton FL 33486		
Full Billing Address							
Phone at Location		(561) 210-72	33	Be	est Phone (415)	336-9269 I	Fax (561) 206-0515
Business Email		nmerzheritsk	xy@yahoo.com		Website		
Years In Business		7	Average Tick	cet		Gross Annual Sales	s <u>2,000,000.00</u>
Do you currently h	ave cash a	advance?	No W	ith who?			Balance
Current Credit Card	d Processo	or			Average F	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	Nelly Mer	zheritsky		Title	CFO		
Date of Birth	08/19196			SSN	615-20-994	46	
Full Home Address	3318 Divi	sadero St San Fi	rancisco, CA 94123				
Home Phone	(415) 336	5-9269 C	Cell Phone		Email	nmerzherits	ky@yahoo.com
Own/Rent	\$ <u>0 Own</u>	`	ears There	Dr	ivers Lience #	St	rate
Owner #2 Name				Title			
Date of Birth				SSN			
Full Home Address				3311			
Home Phone			Cell Phone		Email		
Own/Rent	 \$ Own		/ears There	Dr	ivers Lience #		rate
Ownyntent	<u> </u>						
Business Home Bas	sed?	No Loca	tion: Lease/Own	Leased	Lease Term	1	Monthly Rent
Landlord / Mortgag	e Co				Contac		
Contact Phone	_		Cell			_ Email	
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 in	formation is true a	nd understand that ma	king false state	ements might be consi	dered fraud. By providing	g the above information, the applicant(s)

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 pertinet 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 ownet/officer (individually and collectiverly, "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 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	Nelly Merzheritsky	Date	03/10/2017
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