

DBA Name	carol pierce dba senior homecare options		Legal Name	senior homecare options	
Type of Business	homecare		Tax ID	27-2941658	Sole Prop
Full Business Address	12433 knollbrook lane hudson fl 34669				
Full Billing Address					
Phone at Location	(727) 271-4774		Best Phone	(727) 271-4774	Fax (727) 378-4099
Business Email	nssoapco@yahoo.com		Website		
Years In Business	14	Average Ticket		Gross Annual Sales	389,000.00
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.	
				#of Tickets	
3rd Month Vol.		#of Tickets		4th Month Vol.	
				#of Tickets	

Owner #1 Name	carol pierce		Title	owner	
Date of Birth	01 11 957		SSN	266-61-0143	
Full Home Address	12433 knollbrook lane hudson fl 34669				
Home Phone	(727) 271-4774	Cell Phone	(813) 520-1393	Email	nssoapco@yahoo.com
Own/Rent	\$ 0 Own	Years There	6	Drivers Lience #	p620117575110
				State	florida
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.	homebridge financial			Contact	855 248 0530
Contact Phone		Cell		Email	

Bank Name/Branch	wells fargo	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	carol pierce	Date	05/11/2017
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