

DBA Name	Integrated Health Center of Maryland		Legal Name	Rockville Medical and Disc Center, LLC DBA Integrated Health Center of MD	
Type of Business	Doctors Office		Tax ID	273049822	LLC
Full Business Address	5912 Hubbard Drive				
Full Billing Address					
Phone at Location	(301) 770-1818		Best Phone	(301) 770-1818	Fax
Business Email	drstevewander@gmail.com		Website	www.DCFunctionalhealth.com	
Years In Business	18	Average Ticket		Gross Annual Sales	1,800,000.00
Do you currently have cash advance?	Yes	With who?	ML Factors, Fundworks, Pearl, SBFS		Balance \$41,000, \$97,000, \$20,000, \$111,000
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	

<b>Owner #1 Name</b>	steve wander		Title	owner	
Date of Birth	11-13-1967		SSN	212-70-8170	
Full Home Address	727 Ridgemont Ave				
Home Phone	(301) 442-1818	Cell Phone		Email	drstevewander@gmail.com
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	w536777313871
				State	Maryland
<b>Owner #2 Name</b>			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.	Edward Luttwak		Contact	Edward Luttwak	
Contact Phone	(301) 656-1972	Cell	(301) 656-1972	Email	eluttwak@gmail.com

Bank Name/Branch	Wells Fargo	Contact	na	Phone	(301) 926-8396
Trade Reference#1	Biogentix	Contact	Lisa or Dr. Credeur	Phone	(720) 287-2155
Trade Reference#2	Apex Energetix	Contact	na	Phone	(800) 736-4381
Trade Reference#3	Biotics Research	Contact	na	Phone	(800) 231-5777

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	Stephen Wander	Date	01/25/2017
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