

DBA Name	Willie L Stephens DDS PC		Legal Name	Willie L Stephens DDS PC	
Type of Business	Medical/Dental		Tax ID	260532060	Corp
Full Business Address	372 Washington St Ste 2500				
Full Billing Address					
Phone at Location	(781) 235-4554		Best Phone	(617) 699-5909	Fax (781) 237-2947
Business Email	wlsosoffice@gmail.com		Website		
Years In Business	6	Average Ticket		Gross Annual Sales	1.30
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.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Willie Stephens		Title	Owner	
Date of Birth	08/16/1948		SSN	561-74-2984	
Full Home Address	1 washburn ave				
Home Phone	(617) 699-5909	Cell Phone	(617) 699-5909	Email	wstephensomfs@gmail.com
Own/Rent	\$ 0 Own	Years There	6176995909	Drivers Lience #	S98428044
				State	MA
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?	No	Location: Lease/Own	Leased	Lease Term	5 yrs	Monthly Rent	5,850.00
Landlord / Mortgage Co.	Alevizos Realty Trust			Contact	Robert Alevizos		
Contact Phone	(781) 431-1039	Cell		Email			

Bank Name/Branch	Bank of America Wellesley	Contact		Phone	(781) 235-7212
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	Willie Stephens	Date	02/10/2017
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