

DBA Name	ADVANCED FAMILY FOOT CARE		Legal Name	GERALD CALIA	
Type of Business	MEDICAL OFFICE & STEM CELLS		Tax ID	621212384	Sole Prop
Full Business Address	162 RIDGEVIEW #1				
Full Billing Address					
Phone at Location	(865) 482-3441		Best Phone	(865) 482-3441	Fax (865) 483-6299
Business Email	gcalia2@comcast.net		Website	WWW.ADVANCEDFAMILYFOOTCARETN.COM	
Years In Business	35	Average Ticket		Gross Annual Sales	220,000.00
Do you currently have cash advance?	Yes	With who?	CITIZEN'S BANK OAK RIDGE (PUTNAM BANK)		Balance \$6000
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>	GERALD CALIA		Title	CEO	
Date of Birth	11/23/1945		SSN	365-46-1056	
Full Home Address	790 EMORY VALLEY LANE # 413				
Home Phone	(865) 335-7180	Cell Phone	(865) 335-7180	Email	gcalia2@comcast.nrt
Own/Rent	\$ 0 Rent	Years There	ONE +	Drivers Lience #	064140566 State TN
<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	3 YEARS	Monthly Rent	600.00
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	REGIONS OAK RIDGE	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	GERALD CALIA	Date	01/09/2020
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