

DBA Name	Beaty Eye Clinic & Associates, Inc.		Legal Name	Beaty Eye Clinic & Associates, Inc.	
Type of Business	Optometric Practice		Tax ID	03-0442844	Corp
Full Business Address	208 Broad Street				
Full Billing Address					
Phone at Location	(843) 479-3331	Best Phone	(843) 439-0400	Fax	(843) 479-3355
Business Email	beatyeyeclinik@hotmail.com		Website		
Years In Business	62	Average Ticket		Gross Annual Sales	216,771.00
Do you currently have cash advance?	Yes	With who?	Rapid Advance/Wide Merchant		Balance \$8,057.00/\$2,187.46
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	Elizabeth Beaty		Title	Doctor of Optometry/President	
Date of Birth	08/14/1973		SSN	247-65-1970	
Full Home Address	202 Walton Street Bennettsville, SC 29512				
Home Phone	(843) 439-0400	Cell Phone	(843) 439-0400	Email	beatyeyeclinik@hotmail.com
Own/Rent	\$ 0 Own	Years There	11	Drivers Lience #	004022651
				State	SC
Owner #2 Name	Patricia K Beaty		Title	Vice President	
Date of Birth			SSN	251-90-7643	
Full Home Address	1344 East Main Street Ext Bennettsville, SC 29512				
Home Phone	(843) 454-7855	Cell Phone	(843) 454-7855	Email	beatyeyeclinik@hotmail.com
Own/Rent	\$ Own	Years There	39	Drivers Lience #	004603965
				State	SC - South Carolina

Business Home Based?	No	Location: Lease/Own	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.				Contact			
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 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	Elizabeth Beaty	Date	01/11/2017
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