MoneyWorks >>	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Sean

DBA Name		Snyder Chiropractic Inc			Legal Name		Snyder Chiropractic Inc		
Type of Business Chiropractic		·		D	460544607			Corp	
Full Business Addre		 643 Orange Ave	nue					_	
Full Billing Address	<u>-</u>								
Phone at Location (314) 255-8944				Bes	t Phone (314)	255-8944	Fax	(619)	437-4909
Business Email chirojoesnyder@g		gmail.com		Website	ignitechiropractor.com				
Years In Business	6		Average Ticl	cket		Gross Annual Sales 200,403.34			4
Do you currently h	ave cash ac	dvance?	Yes W	/ith who? <u>loa</u> r	n me		Balanc	e <u>9</u> 50.0	0
Current Credit Card	d Processor				Average	Processing Volu	me _		
Last Month Vol.		#of Tic	kets	2r	nd Month Vol.		#of Ticl	kets	
3rd Month Vol.		#of Tic	kets	41	h Month Vol.		#of Ticl	kets	
Owner #1 Name	Joseph Sny			Title	Owner				
Date of Birth	09-24-1986	5		SSN	499-02-513	3			
Full Home Address	1455 Kettn	er Blvd							
Home Phone	(314) 255-8	8944 Cell	Phone -	(314) 255-894	Email	chirojoe	snyder@gma	il.com	
Own/Rent	\$ <u>0 Rent</u>	Yea	rs There 2	Drive	ers Lience # F4	1821871	State	Califor	nia
Owner #2 Name				Title					
Date of Birth				SSN					
Full Home Address									
Home Phone	-	Cell	Phone		Email				
Own/Rent	\$	Yea	rs There	Drive	ers Lience #		State		
Business Home Bas	sed?	No Locatio	n: Lease/Own	Leased	Lease Tern	n 2	Monthly	Rent	700.00
Landlord / Mortgage			·		— Conta	ct			
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 info	rmation is true and u	 Inderstand that ma	aking false statem	ents might be cons	idered fraud. By pro	viding the abov	e informat	ion, the applicant(s)

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 pertinet 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 aboe listed business and business ownet/officer (individually and collectiverly, "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 transcation, including without limitation the application therefor (collectively, "Transcation") 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	Jospeh Snyder	Date	11/01/2017
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