

DBA Name	Med Aesthetics Miami	Legal Name	Med Aesthetics Miami
Type of Business	Medical Aesthetics	Tax ID	462744507 LLC
Full Business Address	1321 NW 14th St Ste 404		
Full Billing Address			
Phone at Location	(305) 582-1629	Best Phone	(305) 582-1629 Fax
Business Email	info@medaestheticsmiami.com	Website	www.medaestheticsmiami.com
Years In Business	6	Average Ticket	Gross Annual Sales 130,000.00
Do you currently have cash advance?	Yes	With who?	Med Direct Capital Balance \$600
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

Owner #1 Name	Rosanna Bermejo	Title	CEO
Date of Birth	02-04-1968	SSN	215-08-3660
Full Home Address	500 brickell ave apt 4101		
Home Phone	(305) 582-1629	Cell Phone	(305) 582-1629 Email RBVM2012@YAHOO.COM
Own/Rent	\$ 0 Rent	Years There	1 Drivers Lience # b652720685440 State Florida
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	3 months	Monthly Rent	800.00
Landlord / Mortgage Co.	Stephen Friedman, MD			Contact	3055881621		
Contact Phone		Cell		Email			

Bank Name/Branch	Chase	Contact	Maria	Phone	
Trade Reference#1	Francisco Gonzalez Abreu	Contact	medical director	Phone	(305) 970-9771
Trade Reference#2	University of Miami Hospital	Contact	Jean Badio	Phone	(954) 558-7528
Trade Reference#3	FIU SBDC	Contact	Nile Kirec	Phone	(407) 256-2664

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	Rosanna Bermejo	Date	07/20/2016
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