

DBA Name	Image Optical		Legal Name	Todd M. Clark OD LLC	
Type of Business	Optometry practice		Tax ID	31-1675243	LLC
Full Business Address	395 N West Street B				
Full Billing Address					
Phone at Location	(614) 839-2733		Best Phone	(614) 496-5863	Fax (614) 839-5367
Business Email	drtodd@imageoptical.net		Website	www.imageoptical.net	
Years In Business	17	Average Ticket		Gross Annual Sales	360,000.00
Do you currently have cash advance?	Yes	With who?	TVT Pearl Can capital (3 payments remain with Pearl)		Balance 25,000
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	clark		Title	owner	
Date of Birth	12-05-1972		SSN	277-80-0669	
Full Home Address	2954 johnstown alexandria rd				
Home Phone	(614) 496-5863	Cell Phone	(614) 496-5863	Email	drtodd@imageoptical.net
Own/Rent	\$ 0 Own	Years There	6144965863	Drivers Lience #	RT495166
				State	Ohio
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 years	Monthly Rent	2,500.00
Landlord / Mortgage Co.	Max and Gia Properties			Contact	Scott Nieman		
Contact Phone	(614) 726-2430	Cell	(614) 726-2430	Email	reception@scottniemandds.com		

Bank Name/Branch	Columbus First Bank	Contact	Melissa	Phone	(614) 310-7200
Trade Reference#1	Vsp One	Contact	accounting	Phone	(800) 251-5150
Trade Reference#2	sama eyewear	Contact	darrin	Phone	(323) 822-3955
Trade Reference#3	141 eyewear	Contact	su chi	Phone	(888) 847-9874

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

Todd Clark

Date

11/28/2016