MoneyWorks 🕽	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Julian
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DBA Name		Colleton Softv	vare	Le	egal Name	Tarheel Med	ical Billing, Inc	2
Type of Business		Medical Billin	g	Ta	ax ID	20-5420288		Corp
Full Business Addre	:SS	108 East H Str	eet, Erwin, NC 2	28339				
Full Billing Address								
Phone at Location		(910) 694-314	45	E	Best Phone (910	0) 890-8245	Fax	(910) 694-3147
Business Email					Website	colletonsoftv	vare.com	
Years In Business		11	Average Ti	cket		Gross Annua	Sales <u>1,6</u>	00,000.00
Do you currently ha	ave cash a	advance?	Yes	With who? _			Balance	<u>120000</u>
Current Credit Card	d Processo	or			_ Average	e Processing Vo	lume _	
Last Month Vol.		#of ⁻	Tickets		2nd Month Vol.		#of Tick	ets
3rd Month Vol.		#of ⁻	Tickets		4th Month Vol.		_ #of Tick	ets
Owner #1 Name	Daniel Gu	urkin		Title	President			
Date of Birth	03/09/19	66		- SSN	245-33-3	184		
Full Home Address	100 Moor	e Street, Erwin, N	IC 28339	-				
Home Phone	(910) 890)-8245 C	ell Phone	(910) 890-8	3245 Email	brian.	gurkin@colleton	software.com
Own/Rent	\$ 0 Own	<u> </u>	ears There 15	D	rivers Lience #	4419794	State	NC
Owner #2 Name	James Ha	rrold		Title	Secretary	/		
Date of Birth				SSN	238-37-5	369		
Full Home Address	707 Warren Road, Erwin, NC 8339							
Home Phone		C	ell Phone	(910) 891-8	8500 Email	jamce	s2828.jh@gmai	l.com
Own/Rent	\$ Rent	Y	ears There 3	D	rivers Lience #	4418136	State	NC
Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent								
Landlord / Mortgage	e Co. <u>S</u>	andra Joseph			Cont	act	_	
Contact Phone	<u>(9</u>	910) 897-8027	Ce	II		Emai	i	
Bank Name/Branch	bb&t		Contact	Jamie Ba	arefoot	Phone	(910) 891-2	220
Trade Reference#1	Donna I	Rogers CPA	Contact	Martha :	Smith	Phone	(910) 514-9	451
Trade Reference#2	Ned Wil	llis	Contact	Ned Will	lis	Phone	(843) 908-4	100
Trade Reference#3	TRP CP/	Α	Contact	Keith Ra	aynor	Phone	(910) 891-1	100
I horoby roprosont that all	the above in	formation is true an	d understand that m	asking falso sta	tomonts might be see	neidored fraud. By n	royiding the above	information 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	Daniel Gurkin	Date	12/28/2017