

Type of Business	DBA Name	n/a	n/a			COAST TO COAST PODIATRY				
Proper at Location	Type of Business	Business PODIATRIC MEDICAL PRACT			ETax ID			Corp		
Phone at Location	Full Business Address 6650 RESEDA BLVD SUITE 101A RESEDA CA 91335									
Business Email   DROTIKO@YAHOO.COM	Full Billing Address									
Years In Business         17         Average Ticket         Gross Annual Sales         2,000,000.00           Do you currently have cash advance?         Yes         With who? NEXT WAVE FUNDING         Balance 60,000           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         CHRISTOPHER OTIKO         Title         CEO           Date of Birth         11/14/1968         SSN         445-98-5943           Full Home Address         23446 HAMLIN ST WEST HILLS CA 91307         SSN         445-98-5943           Home Phone         (818) 836-2475         Cell Phone         (818) 836-2475         Email         soccerdoc68@gmail.com           Owr/Rent         \$ 0 Rent         Years There         2         Drivers Lience # B4976984         State         CA           Owner #2 Name           Date of Birth         SSN         SSN         Finall         Soccerdoc68@gmail.com           Owner #2 Name         Cell Phone         Email         Monthly Rent           Business Home Based?         No         Location: Lease/Own         Leased Lease Term	Phone at Location	(818) 708-7668		В	sest Phone (818)	836-2475	Fax	(310) 943-1457		
Do you currently have cash advance?   Yes   With who?   NEXT WAVE FUNDING   Balance 60,000	Business Email	DROTIKO@YAHO	O.COM	Website		coasttocoastpodiatry.com				
Average Processing Volume	Years In Business	17	Average Tick	et		Gross Annual S	Sales <u>2,0</u>	00,000.00		
Last Month Vol.	Do you currently ha	ave cash advance?	Yes W	ith who? N	IEXT WAVE FUND	ING	Balance	60,000		
3rd Month Vol.	Current Credit Card	l Processor			Average I	Processing Volu	me _			
Owner #1 Name         CHRISTOPHER OTIKO         Title         CEO           Date of Birth         11/14/1968         5SN         445-98-5943           Full Home Address         23446 HAMLIN ST WEST HILLS CA 91307         Soccerdoc68@gmail.com           Home Phone         (818) 836-2475         Cell Phone         (818) 836-2475         Email         soccerdoc68@gmail.com           Own/Rent         \$ 0 Rent         Years There         2         Drivers Lience # B4976984         State         CA           Owner #2 Name         Title         Title         Email         State         CA           Date of Birth         SSN         Email         State         State         Own/Rent         \$ Years There         Drivers Lience # Drivers Lience # State         Monthly Rent         Landlord / Mortgage         Contact         Contact         Contact         Contact         Contact         Email         Monthly Rent         Email         Monthly Rent         Email         Monthly Rent         Email         Monthly Rent         Email         Monthly Rent <td <="" rowspan="2" td=""><td>Last Month Vol.</td><td>#of Tick</td><td>ets</td><td colspan="2">2nd Month Vol.</td><td colspan="2">#of Tickets</td><td>ets</td></td>	<td>Last Month Vol.</td> <td>#of Tick</td> <td>ets</td> <td colspan="2">2nd Month Vol.</td> <td colspan="2">#of Tickets</td> <td>ets</td>	Last Month Vol.	#of Tick	ets	2nd Month Vol.		#of Tickets		ets	
Date of Birth         11/14/1968         SSN         445-98-5943           Full Home Address         23446 HAMLIN ST WEST HILLS CA 91307         Soccerdoc68@gmail.com           Home Phone         (818) 836-2475         Cell Phone         (818) 836-2475         Email         Soccerdoc68@gmail.com           Own/Rent         \$ 0 Rent         Years There         2         Drivers Lience # B4976984         State         CA           Own/Rent         Cell Phone         Email         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Leased         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Contact         Contact         Contact           Contact Phone         Cell         Email           Bank Name/Branch         US BANK TOPANGA CANYON         Contact         ANGEL         Phone         (818) 444-5560           Trade Reference#1         MOORE MEDICAL         Contact         CHARLOTTE ROBINSON         Phone         (800) 234-1464           Trade Reference#2         KATHY OBERTO BILLING         Contact         KATHY OBERTO         Phone         (626) 923-0310		3rd Month Vol.	#of Tick	ets		4th Month Vol.		#of Tick	ets	
Full Home Address   23446 HAMLIN ST WEST HILLS CA 91307	Owner #1 Name	CHRISTOPHER OTIKO		Title	CEO					
Home Phone	Date of Birth	11/14/1968		SSN	445-98-594	43				
Own/Rent         \$ 0 Rent         Years There         2         Drivers Lience # B4976984         State         CA           Owner #2 Name         Title           Date of Birth         SSN         SSN           Full Home Address         Full Home Address         Email         State           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience # State         State           Business Home Based?         No Location: Lease/Own         Leased Lease Term         Monthly Rent           Landlord / Mortgage Co.         Contact         Contact           Contact Phone         Cell         Email           Bank Name/Branch         US BANK TOPANGA CANYON         Contact         ANGEL         Phone         (818) 444-5560           Trade Reference#1         MOORE MEDICAL         Contact         CHARLOTTE ROBINSON         Phone         (800) 234-1464           Trade Reference#2         KATHY OBERTO BILLING         Contact         KATHY OBERTO         Phone         (626) 923-0310	Full Home Address	23446 HAMLIN ST WEST HILLS	CA 91307							
Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Drivers Lience #  Business Home Based? No Location: Lease/Own Leased Lease Term Landlord / Mortgage Co. Contact Phone Cell Bank Name/Branch Canyon Contact Contact Contact Phone Contact Conta	Home Phone	(818) 836-2475 Cell F	Cell Phone (818) 836-2475 Email soccerdoc68@gmail.com							
Date of Birth Full Home Address  Home Phone Own/Rent SSN  Full Home Address  Home Phone Own/Rent State  Fusil  Own/Rent State  Business Home Based? No Location: Lease/Own Leased Lease Term Landlord / Mortgage Co. Contact  Contact Phone Cell Email  Bank Name/Branch CANYON Contact ANGEL Phone (818) 444-5560  Trade Reference#1 MOORE MEDICAL Contact Contact CHARLOTTE ROBINSON Phone (800) 234-1464  Trade Reference#2 KATHY OBERTO BILLING Contact KATHY OBERTO Phone (626) 923-0310	Own/Rent	\$ <u>0 Rent</u> Years	There 2	Dr	rivers Lience # B4	1976984	State	CA		
Date of Birth Full Home Address  Home Phone Own/Rent SSN  Full Home Address  Home Phone Own/Rent State  Fusil  Own/Rent State  Business Home Based? No Location: Lease/Own Leased Lease Term Landlord / Mortgage Co. Contact  Contact Phone Cell Email  Bank Name/Branch CANYON Contact ANGEL Phone (818) 444-5560  Trade Reference#1 MOORE MEDICAL Contact Contact CHARLOTTE ROBINSON Phone (800) 234-1464  Trade Reference#2 KATHY OBERTO BILLING Contact KATHY OBERTO Phone (626) 923-0310										
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Landlord / Mortgage Co.  Contact Phone  Cell  Email  Bank Name/Branch CANYON  Contact  ANGEL  Phone (818) 444-5560  Charlotte Reference#1  MOORE MEDICAL  Contact  Contact  Charlotte ROBINSON  Phone (800) 234-1464  Trade Reference#2  KATHY OBERTO BILLING  Contact  KATHY OBERTO  Phone (626) 923-0310	Ownyrtene									
Contact Phone  Cell Email  Bank Name/Branch US BANK TOPANGA CANYON  CANYON  Contact ANGEL  Phone (818) 444-5560  Trade Reference#1 MOORE MEDICAL  Contact CHARLOTTE ROBINSON  Phone (800) 234-1464  Trade Reference#2 KATHY OBERTO BILLING  Contact KATHY OBERTO  Phone (626) 923-0310	Business Home Bas	ed? <u>No</u> Location	: Lease/Own	Leased	Lease Term	n	Monthly	Rent		
Bank Name/Branch US BANK TOPANGA CANYON Contact ANGEL Phone (818) 444-5560  Trade Reference#1 MOORE MEDICAL Contact CHARLOTTE ROBINSON Phone (800) 234-1464  Trade Reference#2 KATHY OBERTO BILLING Contact KATHY OBERTO Phone (626) 923-0310	Landlord / Mortgage	e Co			Contac	ct .				
Trade Reference#1 MOORE MEDICAL Contact CHARLOTTE ROBINSON Phone (818) 444-5560  Trade Reference#2 KATHY OBERTO BILLING Contact KATHY OBERTO Phone (626) 923-0310	Contact Phone		_ Cell			Email				
Trade Reference#2 KATHY OBERTO BILLING Contact KATHY OBERTO Phone (626) 923-0310	Bank Name/Branch		Contact	ANGEL		Phone	(818) 444-	5560		
	Trade Reference#1	MOORE MEDICAL	Contact	CHARLO	OTTE ROBINSON	Phone	(800) 234-	1464		
Trade Reference#3 BIOGENX INC Contact GARRETT ADAMS Phone (714) 585-5456	Trade Reference#2	KATHY OBERTO BILLING	 Contact	KATHY	OBERTO	— Phone	(626) 923-	0310		
	Trade Reference#3	BIOGENX INC	Contact	GARRE	TT ADAMS	Phone	(714) 585-	5456		

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	CHRISTOPHER OTIKO	Date	06/21/2017