

DBA Name	Tired Soles LLC		Legal Name	Andino Chiropractic Specialist	
Type of Business	Chiropractic		Tax ID	272355184	Sole Prop
Full Business Address	514 Flat Shoals Ave Ste B Atl GA 30316				
Full Billing Address					
Phone at Location	(404) 419-6494		Best Phone	(404) 234-2389	Fax (404) 419-6494
Business Email	drjosue.andino@gmail.com		Website	www.tiredsolesllc.com	
Years In Business	15	Average Ticket		Gross Annual Sales	110,000.00
Do you currently have cash advance?	Yes	With who?	CAN Capital		Balance 3,200
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Josue Andino		Title	Clinic Direct	
Date of Birth	09111970		SSN	583-19-4003	
Full Home Address	1415 Orange Blossom Ter Atl GA 30316				
Home Phone	(404) 234-2389	Cell Phone	(404) 234-2389	Email	drjosue.andino@gmail.com
Own/Rent	\$ 0 Rent	Years There	1	Drivers Lience #	049134985 State GA
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	Monthly Rent
Landlord / Mortgage Co.	Listen UP		Contact	Chris Fogg Ent	
Contact Phone	(404) 733-9487	Cell		Email	chris@listenuo.audio

Bank Name/Branch	Wells Fargo	Contact		Phone	
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		Phone	

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 aboe listed business and business owne/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 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 informaiton 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

Josue Andino

Date

03/22/2017