

DBA Name	COMPASS SPINE		Legal Name	COMPASS SPINE	
Type of Business	Wholesale Medical Supply		Tax ID	83-2919980	Corp
Full Business Address	4331 La Jolla Village Suite 230 San Diego CA 92122				
Full Billing Address					
Phone at Location	(619) 330-9400		Best Phone	(619) 330-9400	Fax
Business Email	CompassSpine@usa.com		Website	www.CompassSpine.biz	
Years In Business	14	Average Ticket		Gross Annual Sales	1,800,000.00
Do you currently have cash advance?	No	With who?		Balance	
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	JOSE FRANCO		Title	Owner/Principle	
Date of Birth	09/13/1953		SSN	558-57-8989	
Full Home Address	75833 Ramon Road Thousand Palms, CA 92276				
Home Phone	(619) 330-9400	Cell Phone	(909) 500-4343	Email	CompassSpine@usa.com
Own/Rent	\$ 0 Own	Years There	11	Drivers Lience #	N8497345
				State	CALIFORNIA
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.	R & W Creative Group Realty			Contact	Property Manager		
Contact Phone	(562) 200-0188		Cell		Email		

Bank Name/Branch	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 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	JOSE FRANCO	Date	01/10/2019
-------------	--------------	-------------	------	------------