

DBA Name	Diabetic Investor		Legal Name	Diabetic Investor	
Type of Business	Publishing		Tax ID	Diabetic Investor Corp	
Full Business Address	161 W KINZIE ST				
Full Billing Address					
Phone at Location	(224) 715-3761		Best Phone	(224) 715-3761	Fax
Business Email	dkliff@gmail.com		Website	www.diabeticinvestor.com	
Years In Business	21	Average Ticket		Gross Annual Sales	330,000.00
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.	
					#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.	
					#of Tickets

Owner #1 Name	David Kliff		Title	Publisher	
Date of Birth	04011961		SSN	361-56-8891	
Full Home Address	161 W KINZIE ST, APT 1801				
Home Phone	(224) 715-3761	Cell Phone	(224) 715-3761	Email	dkliff@gmail.com
Own/Rent	\$ 0 Rent	Years There	2247153761	Drivers Lience #	K41016161094
				State	United States - Illinois
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?	Yes	Location: Lease/Own	Leased	Lease Term	6 months	Monthly Rent	3,400.00
Landlord / Mortgage Co.	Lincoln			Contact	Sarah Anderson		
Contact Phone	(312) 854-1700	Cell		Email	envchicagoasstmgr@lincolnapts.com		

Bank Name/Branch	BMO Harris	Contact		Phone	(888) 340-2265
Trade Reference#1	Medtronic	Contact	Louis Dias	Phone	(904) 236-1284
Trade Reference#2	Johnson and Johnson	Contact	Val Ashbury	Phone	(904) 885-0898
Trade Reference#3	Dexcom	Contact	Kevin Sayer	Phone	(858) 875-9669

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	David Kliff	Date	10/26/2017
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