DBA Name		Raouf A Kayaleh			_		Prof Med Co	•	
Type of Business		Physician			Ta	_Tax ID <u>46-4522</u>		2141	
Full Business Addre	SS	1125 Ea	st 17th st.	Suite E-109	- Santa An	a CA 92701			
Full Billing Address									
Phone at Location		(714) 279-0711			E	Best Phone (657) 244-6664 Fax (714) 541-8448			(714) 541-8448
Business Email ra		rafk52	rafk52@aol.com			Website			
Years In Business	20+			Average Tic	ket		Gross Annual Sales 500,000		00,000.00
Do you currently h	ave cas	h advance	?	No V	/ith who? _			Balan	ce
Current Credit Card Processor						Average	e Processing Vo	lume	
Last Month Vol.			#of Tick	ets		2nd Month Vol.		#of Tid	ckets
3rd Month Vol.			#of Tick	ets		4th Month Vol.		_ #of Tid	ckets
Owner #1 Name	miguel	campos			Title	MD			
Date of Birth	12/02/1				SSN	334-70-3	151		
Full Home Address	2134 w mills drive, orange, ca 92868								
Home Phone		24-9814	Cell P		(657) 244-6	.664 Email	rafk5	2@aol.com	
Own/Rent	\$ 0 O			There 7		rivers Lience # 0	-	State	California
			_			-			
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address									
Home Phone			Cell P	hone -		Email			
Own/Rent	\$		Years	There	D	rivers Lience # _		State	
Business Home Bas	ed?	No	Location	: Lease/Own	Leased	Lease Ter	m	Monthl	y Rent
Landlord / Mortgage	e Co.	North Par	k Plaza, Ll	.C		Cont	act	Sima Shidf	ar
Contact Phone		(714) 543	-3289	Cell			Ema	il	
Bank Name/Branch	Bof A	- Anaheim	Hills	Contact	Anthony	,	Phone	(714) 992-	-4040
Trade Reference#1	-			Contact			 Phone		
Trade Reference#2	-			Contact			 Phone		
Trade Reference#3	-			- Contact			Phone		
I hereby represent that all	the above	information i	s true and un	derstand that ma	king false sta	tements might he cor	nsidered fraud. By r	providing the abo	ove 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	Raouf Kayaleh	Date _	06/15/2017