

DBA Name	Capital Dental Solution INC	Legal Name	Capital Solution INC
Type of Business	Dental Laboratory	Tax ID	46-3482880 Corp
Full Business Address	2820 Dorr Av #210, Fairfax VA 22031		
Full Billing Address			
Phone at Location	(703) 333-5987	Best Phone	(703) 333-5987 Fax (703) 333-2865
Business Email	greatrey@hotmail.com	Website	capitaldentalsolution.com
Years In Business	2016	Average Ticket	Gross Annual Sales 70,000.00
Do you currently have cash advance?	Yes	With who? Bizfi	Balance 16,000
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

<b>Owner #1 Name</b>	Soon Wook Chung	Title	Owner
Date of Birth	11-10-1977	SSN	335-06-8966
Full Home Address	4639 Battenburg Lnae, Fairfax VA 22030		
Home Phone	(703) 333-5987	Cell Phone	(703) 774-5999 Email greatrey@hotmail.com
Own/Rent	\$ 0 Rent	Years There	2015 Drivers Lience # C66037011 State Virginia
<b>Owner #2 Name</b>		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	3 years 7 month	Monthly Rent	3,325.01
Landlord / Mortgage Co.	Site Realty Group			Contact	Site Realty Group		
Contact Phone	(301) 622-9301	Cell		Email	info@siterealtygroup.com		

Bank Name/Branch	Bank of America	Contact		Phone	(703) 658-8260
Trade Reference#1	Dr. Edward Buford	Contact	Dr. Edward Buford	Phone	(202) 667-8818
Trade Reference#2	Dr. Cherly Lee	Contact	Dr. Cherly Lee	Phone	(202) 832-5765
Trade Reference#3	Dr. Claudia Maitland	Contact	Dr. Claudia Maitland	Phone	(240) 553-7294

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

Soon Wook Chung

Date

01/12/2017