

DBA Name	NATIONWIDE MEDICAL BILLING		Legal Name	Nationwide Medical Billing	
Type of Business	medical		Tax ID	261528241	LLC
Full Business Address	10 UNDERWOOD AVE				
Full Billing Address					
Phone at Location	(862) 520-0020		Best Phone	(862) 520-0020	Fax (509) 463-9780
Business Email	JASON@NWMEDBILL.COM		Website	nwmedbill.com	
Years In Business	10	Average Ticket		Gross Annual Sales	621,000.00
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	JASON CERVERA		Title	OWNER	
Date of Birth	12061978		SSN	138-84-0064	
Full Home Address	93 MAJOR STREET CLIFTON NJ 07013				
Home Phone	(201) 926-6151	Cell Phone		Email	jason@nwmedbill.com
Own/Rent	\$ 0 Own	Years There	10	Drivers Lience #	c27843887717785 State NJ
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.	MIKE BRUNO			Contact	2019516562
Contact Phone	(201) 951-6562	Cell		Email	

Bank Name/Branch	TD BANK	Contact	8887519000	Phone	(888) 751-9000
Trade Reference#1	Ultimate Adminstration	Contact	9088120000	Phone	(908) 812-0000
Trade Reference#2	American Pro Medical	Contact	7707454545	Phone	(770) 745-4545
Trade Reference#3	Shreding America	Contact		Phone	(800) 485-2555

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 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 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	JASON CERVERA	Date	12/12/2016
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