

DBA Name	Walden Chiropractic	Legal Name	Walden Chiropractic PSC	
Type of Business	Chiropractic healthcare	Tax ID	300007758	Corp
Full Business Address	2500 Bardstown Road Suite 6			
Full Billing Address				
Phone at Location	(502) 585-5400	Best Phone	(502) 585-5400	Fax (502) 585-9592
Business Email	drmarkwalden@mw.twcbc.com	Website	www.drmarkwalden.com	
Years In Business	11	Average Ticket		Gross Annual Sales 600,000.00
Do you currently have cash advance?	Yes	With who?	Quarterspot, Expansion	Balance 12,000, 26,000
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

Owner #1 Name	Mark Walden	Title	owner	
Date of Birth	12-13-1964	SSN	187-44-2074	
Full Home Address	3010 South Winchester Acres Road Louisville KY 40223			
Home Phone	(502) 058-5585	Cell Phone	(502) 520-9858	Email drmarkwalden@mw.twcbc.com
Own/Rent	\$ 0 Rent	Years There	3	Drivers Lience # w98052191 State KY
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.	Sun Properties		Contact	Kristen Pittelko	
Contact Phone	(502) 002-2088	Cell	(502) 979-7654	Email	k.pittelko@sunproperties.net

Bank Name/Branch	Chase Bank-Highlands	Contact	Mackenzie	Phone	(502) 260-2602
Trade Reference#1	Tensnet.net	Contact	David Tucker	Phone	(848) 427-7577
Trade Reference#2	Time Warner	Contact	Customer Service	Phone	(888) 643-1567
Trade Reference#3	Raynostix	Contact	Tom	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 aboe listed business and business owne/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

Mark Walden

Date

05/16/2017