

DBA Name	metropoli	an podiatry associ	iates, pllc_Le	egal Name	metropolita	n podiatry asso	ociates, pllc
Type of Business	medical		Ta	ax ID	522125158		Corp
Full Business Addre	ss <u>6323 georg</u>	jia ave nw, suite 20	02, washingt	on, dc 20011			
Full Billing Address							
Phone at Location	(202) 882	-9682	B	Best Phone (202)	904-4828	Fax	(202) 882-4983
Business Email	metropod	@aol.com		Website			
Years In Business	17	Average Ti	icket		Gross Annua	al Sales <u>37</u>	000.00
Do you currently h	ave cash advance?	Yes	With who? _			Balanc	e
Current Credit Card Processor Average Processing Volume							
Last Month Vol.	#	of Tickets		2nd Month Vol.		#of Tick	ets
3rd Month Vol.	#	of Tickets		4th Month Vol.		#of Tick	cets
Owner #1 Name	kevin jefferson		Title —	podiatrist			
Date of Birth	01/17/1968		_ SSN	457-85-87	24		
Full Home Address	7711 willow hill drive,	landover, md 20785					
Home Phone	(202) 882-9682	Cell Phone	(301) 535-4	200 Email	berth	nielab@aol.com	
Own/Rent	\$ <u>0 Own</u>	Years There $1$	7 D	rivers Lience #		State	md
Owner #2 Name	berthie labissiere		_ Title	managing	partner		
Date of Birth			_ SSN	578-06-64	97		
Full Home Address	10001 juniper drive, b	owie, md 20721					
Home Phone	(202) 904-4828	Cell Phone	(202) 904-4	828 Email	berth	nielab@aol.com	
Own/Rent	\$ <u>Own</u>	Years There 1	7 D	rivers Lience #		State	
Business Home Base	ed? No Loc	ation: Lease/Own	Leased	Lease Term		Monthly Rei	nt
Landlord / Mortgage	Co. capital inves	stment		Conta	act	reza sebai	
Contact Phone	(202) 723-550	00 Cell			Email	reza@ca	oitalinvestmentllc.com
Bank Name/Branch	citibank	Contact			Phone	(202) 800-2461	
Trade Reference#1		Contact	_		Phone		
Trade Reference#2		 Contact			Phone		
Trade Reference#3		Contact			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 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	l Name kevin jeffers	on Date	08/18/2017
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