

DBA Name		Premier Urgent Care				Legal Name			Premier Immediate Medical Care		
Type of Business		Urgent Care				Tax ID			203040331		LLC
Full Business Addre	SS	278 Eagl	eview Blv	/d Exton	PA 193	41					
Full Billing Address											
Phone at Location (610) 5			0) 561-6412				Best Phone		Fax		
Business Email	awirth@premieri			imc.com			Website		premierimc.com		
Years In Business		12		Averag	e Ticket	_			Gross Annual Sales	22,000,000.00	
Do you currently ha	ave cash	advance?		Yes	With			n, Midtown, Capital	Kings Cash, Bal	ance 2,600,000	
Current Credit Card Processor							_	Average	Processing Volume		
Last Month Vol.			#of Tick	cets			2nd	Month Vol.	#of	Tickets	
3rd Month Vol.			#of Tick	ets			4th I	Month Vol.	#of	Tickets	
Owner #1 Name	Edward S	Silverman				Title	e	CEO/Presio	lent		
Date of Birth	11-24-19	41				SSI	N	145-32-92	34		
Full Home Address	1425 Bea	aumont Dr,	Gladwyne	, PA 1903	 35						
Home Phone	(610) 24	7-0891	Cell P	hone				Email	edwardmsilverma	an@gmail.com	
Own/Rent	\$ 0 Owr	١	Year	s There	20	l	Drivers	 Lience #	State	PA	
Owner #2 Name						Title	e				
Date of Birth						SSI	N				
Full Home Address											
Home Phone			Cell F	hone				Email —			
Own/Rent	\$		_ Year	s There		!	Drivers	Lience #	State		
Business Home Bas	ed?	No	Location	: Lease/	Own	Lease		Lease Terr	n Moni	thly Rent	
Landlord / Mortgage	—— e Co.							- Conta	ct		
Contact Phone	_				Cell				Email		
Contact Filone	_			_	Cell	_			_ Liliali _		
Bank Name/Branch				Cont	tact _				Phone		
Trade Reference#1				Cont	tact				Phone		
Trade Reference#2				– Cont	tact				Phone		
Trade Reference#3				– Cont	tact				Phone		
I hereby represent that all	the above ir	formation is	true and ur	derstand t	hat making	g false st	atement	s might be cons	idered fraud. By providing the a	above 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	Edward Silverman	Date	09/12/2018
_				