

DBA Name	Southern Iowa Family Planning clinic, Inc.		Legal Name	Southern Iowa Family Planning Clinic, Inc./Women and Mens Health Care Clinic	
Type of Business	Women and Mens Health Care		Tax ID	421059192	Corp
Full Business Address	228 e. second st				
Full Billing Address					
Phone at Location	(641) 682-9955		Best Phone	(641) 777-2049	Fax (641) 682-9946
Business Email	vickipalm@lisco.com		Website	None	
Years In Business	30 +	Average Ticket		Gross Annual Sales	300,000.00
Do you currently have cash advance?	Yes	With who?		Balance	\$13,000.00
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	vicki palm		Title	Executive Director	
Date of Birth	02/12/1052		SSN	478-70-0221	
Full Home Address	1302 Center St. Pl.				
Home Phone	(641) 682-9955	Cell Phone	(641) 777-2049	Email	fpott@lisco.com
Own/Rent	\$ 0 Own	Years There	25	Drivers Lience #	300AE4240
				State	Iowa
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.	Getting Group			Contact	Josh Gettings
Contact Phone	(641) 814-2424	Cell	(641) 814-2424	Email	

Bank Name/Branch	Wells Fargo Bank	Contact	Staff	Phone	(641) 683-8100
Trade Reference#1	NA	Contact	NA	Phone	
Trade Reference#2	NA	Contact	NA	Phone	
Trade Reference#3	NA	Contact	NA	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 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	vicki palm	Date	04/11/2017
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