

DBA Name	carolina family foot care		Legal Name	carolina family foot care	
Type of Business	medical		Tax ID	561857937	Corp
Full Business Address	122 N main st				
Full Billing Address					
Phone at Location	(919) 557-5645		Best Phone	(919) 337-2158	Fax (919) 557-5645
Business Email	bellas36@cs.com		Website	carolinafamilyfootcare.com	
Years In Business	22	Average Ticket		Gross Annual Sales	350,000.00
Do you currently have cash advance?	Yes	With who?	can capital		Balance 15,000
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	john miketa		Title	dpm	
Date of Birth	060964		SSN	302-54-8802	
Full Home Address	319 fayetteville st. 207 Raleigh Nc 27601				
Home Phone	(919) 337-2158	Cell Phone	(919) 337-2158	Email	bellas36@cs.com
Own/Rent	\$ 0 Own	Years There	22	Drivers Lience #	1593037
				State	nc
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	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	sba			Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Contact	Phone
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 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	john miketa	Date	05/02/2017
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