

DBA Name	Seattle Physical Medicine PLLC		Legal Name	Seattle Physical Medicine PLLC	
Type of Business	Healthcare		Tax ID	46-1924552	LLC
Full Business Address	435 SW 185th street Normandy Park WA 98166				
Full Billing Address					
Phone at Location	(206) 713-4721		Best Phone	(206) 713-4721	Fax
Business Email	kyle.occ@gmail.com		Website		
Years In Business	8	Average Ticket		Gross Annual Sales	375,000.00
Do you currently have cash advance?	No	With who?		Balance	
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	Kyle Bergquist		Title	Kyle Bergquist	
Date of Birth	22-02-1978		SSN	Ken-11-8371	
Full Home Address	435 SW 185th street Normandy Park WA 98166				
Home Phone	(206) 713-4721	Cell Phone		Email	kyle.occ@gmail.com
Own/Rent	\$ 0 Own	Years There		Drivers Lience #	
				State	
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?	Yes	Location: Lease/Own	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	BECU	Contact	Annie	Phone	(206) 439-5700
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 aboe listed business and business owenet/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	Kyle Bergquist	Date	09/04/2019
-------------	--------------	----------------	------	------------