

DBA Name	Schuylkill Medical Imaging	Legal Name	Schuylkill Medical Imaging	
Type of Business	Medical Imaging (MRI/CT/Xray)	Tax ID	75-2934529	Corp
Full Business Address	48 Tunnel Road, #102 Pottsville PA 17901			
Full Billing Address				
Phone at Location	(570) 622-6206	Best Phone	(647) 288-1508	Fax (647) 288-1509
Business Email	mitch@medimagingcorp.com	Website	www.schuylkillmedical.com	
Years In Business	16	Average Ticket		Gross Annual Sales 2,300,000.00
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.	#of Tickets
3rd Month Vol.		#of Tickets	4th Month Vol.	#of Tickets

Owner #1 Name	Mitchell Geisler	Title	CEO
Date of Birth	05-12-1970	SSN	ima-00-0234
Full Home Address	60, Carscadden Dr		
Home Phone	(647) 288-1508	Cell Phone	(647) 961-7234 Email mitch@medimagingcorp.com
Own/Rent	\$ 0 Own	Years There	1 Drivers Lience # State Ontario
Owner #2 Name		Title	
Date of Birth		SSN	--
Full Home Address			
Home Phone		Cell Phone	Email
Own/Rent	\$ Own	Years There	Drivers Lience # State

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	Monthly Rent
Landlord / Mortgage Co.	GAHC4 Pottsville PA		Contact	Becky Stillman	
Contact Phone	(610) 755-6993	Cell		Email	

Bank Name/Branch	Chase	Contact	Taylor Dayton-Kehoe	Phone	(947) 486-3401
Trade Reference#1	Sigma Imaging Technologie	Contact	Paul Morgan	Phone	(215) 962-5365
Trade Reference#2	Neurology Practice	Contact	Dr. John Chawluk	Phone	(570) 622-2245
Trade Reference#3	Simply Physicis	Contact	Moriel NessAiver	Phone	(410) 982-6599

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 owmet/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

Mitchell Geisler

Date

05/24/2018