

DBA Name	ACDI-OakBrook,LLC		Legal Name	ACDI-Oakbrook, LLC	
Type of Business	dental implant center		Tax ID	20-3721410	LLC
Full Business Address	1301 west 22nd street				
Full Billing Address					
Phone at Location	(630) 571-2500		Best Phone	(630) 215-7698	Fax
Business Email	obdc@aol.com		Website	acenterfordentalimplants.com	
Years In Business	40	Average Ticket		Gross Annual Sales	1,400,000.00
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	James D'Alise		Title	DDS/owner	
Date of Birth	12-24-1942		SSN	321--3-2-99	
Full Home Address	730 pinecrest ct, Hinsdale, Illinois 60521				
Home Phone	(630) 215-7698	Cell Phone	(630) 215-7698	Email	obdc@aol.com
Own/Rent	\$ 0 Own	Years There	28yrs	Drivers Lience #	D420-4584-2365
				State	ILLINOIS
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.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Bank of America	Contact		Phone	
Trade Reference#1	Southern Anesthesia	Contact		Phone	
Trade Reference#2	Community Tissue Bank	Contact		Phone	
Trade Reference#3	Dental Health Products	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 ownet/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

James D'Alise

Date

03/17/2017