

DBA Name	None		Legal Name	Fusion Recovery, Inc.	
Type of Business	Outpatient Treatment Center		Tax ID	47-2697960	Corp
Full Business Address	940 Saratoga Ave Ste 240, San Jose, CA 95129				
Full Billing Address					
Phone at Location	(408) 484-4740		Best Phone	(408) 384-8154	Fax
Business Email	mobrien@fusionrecovery.com		Website	www.fusionrecovery.com	
Years In Business	3	Average Ticket		Gross Annual Sales	720,000.00
Do you currently have cash advance?	Yes	With who?	OnDeck	Balance	76000.00
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	Michael OBrien		Title	President	
Date of Birth	06/13/1975		SSN	554-87-0193	
Full Home Address	107 Mcpherson St				
Home Phone	(831) 278-2341	Cell Phone	(831) 278-2341	Email	mobrien@fusionrecovery.com
Own/Rent	\$ 0 Rent	Years There	4	Drivers Lience #	A8799503
				State	CA
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.	Portfolio Realty Management			Contact	Tammie Murray
Contact Phone	(408) 556-0200	Cell		Email	tammie@portfoliorealty.com

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	Michael OBrien	Date	06/07/2017
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