

DBA Name	BODY WISDOM PHYSICAL THERAPY		Legal Name	BODY WISDOM PHYSICAL THERAPY	
Type of Business	PHYSICAL THERAPY		Tax ID	82-3771707	Corp
Full Business Address	1575 Robb Drive, Reno NV 89523				
Full Billing Address					
Phone at Location	(702) 389-1444		Best Phone	(702) 389-1444	Fax
Business Email	BodyWisdomPhysicalTherapy@surgical.net		Website	www.BodyWisdomPhysicalTherapy.com	
Years In Business	11	Average Ticket		Gross Annual Sales	1,700,000.00
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

<b>Owner #1 Name</b>	SCOTT COOLEY		Title	OWNER/PRESIDENT	
Date of Birth	11/13/1973		SSN	545-87-7157	
Full Home Address	7060 Pacific Coast Street, Las Vegas NV 89148				
Home Phone	(702) 389-1444	Cell Phone	(702) 389-1466	Email	BodyWisdomPhysicalTherapy@surgical.net
Own/Rent	\$ 0 Own	Years There	11	Drivers Lience #	1603821472 State NV
<b>Owner #2 Name</b>			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	17 MONTHSS	Monthly Rent	1,745.00
Landlord / Mortgage Co.	RW CREATIVE GROUP REALTY			Contact	(562)200-0188		
Contact Phone	(562) 200-0188		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	SCOTT COOLEY	Date	12/26/2017
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