

DBA Name	ADVANCED FAMILY FOOT CARE	Legal Name	gerald calia	
Type of Business	MEDICAL OFFICE	Tax ID	62 1212384	Sole Prop
Full Business Address	162 RIDGEWAY CENTER, OAK RIDGE,TN.37830			
Full Billing Address				
Phone at Location	(865) 482-3441	Best Phone	(865) 482-3441	Fax (865) 483-6299
Business Email	gcalia2@comcast.net	Website	WWW.ADVANCEDFAMILYFOOTCARETN.COM	
Years In Business	35	Average Ticket		Gross Annual Sales 160,000.00
Do you currently have cash advance?	Yes	With who?	CITIZENS BANK OF OAK RIDGE	Balance 6000 304/MO PAY
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	GERALD CALIA		Title	CEO
Date of Birth	11/23/1945		SSN	365-46-1056
Full Home Address	790 EMORY VALLEY LANE # 413			
Home Phone	(865) 482-3441	Cell Phone	(865) 335-7180	Email gbcalia@gmail.com
Own/Rent	\$ 0 Rent	Years There	ONE	Drivers Lience # 064140566 State TN
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.	BRISTOL PARK			Contact	
Contact Phone	(865) 483-4008	Cell		Email	

Bank Name/Branch	REGIONS BANK, OAK RIDGE,	Contact		Phone	(865) 298-1850
Trade Reference#1	BAKO LABS	Contact		Phone	(877) 376-7284
Trade Reference#2	MOORE MEDICAL	Contact		Phone	(800) 234-1464
Trade Reference#3	SAFESTEP SHOES	Contact	RUSSEL MCMILLAN	Phone	(404) 271-0925

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 owneet/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	GERALD CALIA	Date	01/29/2020
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