

DBA Name	Robert Trouteaud		Legal Name	Tucker Chiropractic Associates	
Type of Business	Chiropractic Services		Tax ID	46-1625425	Corp
Full Business Address	2370 Main St, Tucker, GA 30084				
Full Billing Address					
Phone at Location	(770) 939-5525		Best Phone	(404) 405-6085	Fax (866) 397-9751
Business Email	info@tuckerchiro.net		Website	www.tuckerchiro.net	
Years In Business	4 +	Average Ticket		Gross Annual Sales	250,000.00
Do you currently have cash advance?	Yes	With who?	CANN Capital / Fox Funding		Balance \$16,127 / \$5,000
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	Robert Trouteaud		Title	VP Finance	
Date of Birth	27-4-1952		SSN	384-54-2062	
Full Home Address	754 College St, Monticello, GA 31064				
Home Phone	(404) 405-6085	Cell Phone	(404) 405-6085	Email	bob@trouteaud.com
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	025408336
				State	Georgia
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.	Robert Trouteaud		Contact	Robert Trouteaud	
Contact Phone	(404) 405-6085	Cell	(404) 405-6085	Email	bob@trouteaud.com

Bank Name/Branch	Bank of America	Contact	Chris Hering	Phone	(770) 491-5400
Trade Reference#1	Georgia Power	Contact		Phone	
Trade Reference#2	Comcast	Contact		Phone	
Trade Reference#3	Hardy Services	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

Robert Trouteaud

Date

12/02/2016