MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Carl

Type of Business	DBA Name		MEDICAL [OOCTOR APPS, LL	C L	egal Name	MEDICAL DO	OCTOR APPS, LLC	
Full Billing Address	Type of Business	MEDICAL SUPPLY/ IT		 T	 -		82-1536705		
Phone at Location	Full Business Addre	SS	3650 S Eas	tern Avenue					
Business Email MedicalDoctorApps@usa.com	Full Billing Address								
Years In Business 5 Average Ticket Goross Annual Sales 1,800,000.00 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 Owner #1 Name Tony Howard Title Owner-Manager Full Home Address 2961 Sammy Davis Jr Drve Home Phone (725) 333-7200 Cell Phone (702) 866-9700 Email MedicalDoctorApps@usa.com Own/Rent \$ 0 own Years There 30 Drivers Lience # 410018854 State NEVADA Owner #2 Name Title SSN SSN State NEVADA Owner #2 Name Cell Phone Email State NEVADA Owner #2 Name Cell Phone Email State Divers Lience # State Divers Lience # State Divers Lience	Phone at Location		(725) 333-7200			Best Phone (725) 333-7200 Fax			
Do you currently have cash advance? No With who? Balance	Business Email		MedicalDo	ctorApps@usa.co	om	Website		www.MedicalDoctorApps.biz	
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 Tony Howard Title Owner-Manager Date of Birth 05/10/1953 SSN 558-90-3948 Full Home Address 2961 Sammy Davis Jr Drve Home Phone (725) 333-7200 Cell Phone (702) 866-9700 Email MedicalDoctorApps@usa.com Own/Rent \$ 0 Own Years There 30 Drivers Lience # 41001.88546 State NEVADA Own/Rent \$ 0 Own Years There Drivers Lience # State NEVADA Business Home Based? No Location: Lease/Own Leased Lease Term 24 Months Monthly Rent 1,750.00 Landlord / Mortgage Co. REID PROPERTIES Contact JENNIFER SIMPSON Contact Phone (850) 633-1515 Cell (850) 633-1515 Email Bank Name/Branch BANK OF AMERICA Contact MANAGER <td>Years In Business</td> <td></td> <td colspan="2">5 Average Ti</td> <td>Γicket</td> <td colspan="2">ket</td> <td colspan="2">Gross Annual Sales <u>1,800,000.00</u></td>	Years In Business		5 Average Ti		Γicket	ket		Gross Annual Sales <u>1,800,000.00</u>	
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	Trade Reference#2	DR GAS	STON OFFICE	Contac	t FRONT	DESK	Phone	(443) 433-3266	
Trade Reference#3 METLIFE INSURANCE Contact BUSINESS SERVICES Phone (866) 219-2232	Trade Reference#3	METLIF	E INSURANC	E Contac	t BUSINE	SS SERVICES	Phone	(866) 219-2232	

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 pertinet 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 collectiverly, "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 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	Tony Howard	Date	05/18/2017
Signature#1		Tony Howard		05/18/2