

DBA Name	Banuelos Family Medicine LLC	Legal Name	Banuelos Family Medicine	
Type of Business	Medical Doctors Office	Tax ID	46-1332156	Sole Prop
Full Business Address	6061 Doctors Park Rd			
Full Billing Address				
Phone at Location	(850) 983-8500	Best Phone	(850) 398-3839	Fax (850) 983-0009
Business Email	docbanuelos@yahoo.com	Website	BanuelosFamilyMedicine.org	
Years In Business	5	Average Ticket		Gross Annual Sales -350,000.00
Do you currently have cash advance?	Yes	With who?	IOU Financial	Balance 2,000
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	Elias Banuelos	Title	MD
Date of Birth	03-03-1967	SSN	568-21-9157
Full Home Address	5447 Whispering Pines Ln, Milton, FL		
Home Phone	(850) 983-8500	Cell Phone	(850) 398-3839
		Email	docbanuelos@yahoo.co
Own/Rent	\$ 0 Rent	Years There	5
		Drivers Lience #	B542-209-67-083-0
		State	Florida
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.	Charles A. Mixson		Contact	(850) 341-8572	
Contact Phone	(850) 341-8572	Cell		Email	

Bank Name/Branch	Regions Bank/Milton	Contact	Ariel Crews	Phone	(850) 365-9890
Trade Reference#1	Proclaims Medical Billing	Contact	Bill Fetke	Phone	(850) 525-5763
Trade Reference#2	Moore Medical Supplies	Contact	Kevin Radis	Phone	(800) 234-1464
Trade Reference#3	Wade Wilson CPA PA	Contact	Sandy Milburn	Phone	(850) 438-1122

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

Elias Banuelos

Date

05/07/2018