

DBA Name	WILSON MEDICAL SUPPLY, LLC	Legal Name	WILSON MEDICAL SUPPLY, LLC	
Type of Business	Medical Wholesale	Tax ID	81-5354733	Corp
Full Business Address	1215 SPRUCE STREET SUITE 200			
Full Billing Address				
Phone at Location	(970) 236-8088	Best Phone	(970) 236-8088	Fax
Business Email	WilsonMedicalSupply@dr.com	Website	www.WilsonMedicalSupply.biz	
Years In Business	7	Average Ticket		Gross Annual Sales 1,750.00
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	Vi Pham	Title	Owner	
Date of Birth	05/23/1984	SSN	028-64-8266	
Full Home Address	6460 Convoy Court			
Home Phone	(970) 236-8088	Cell Phone	(818) 290-8833	Email WilsonMedicalSupply@dr.com
Own/Rent	\$ 0 Own	Years There	11	Drivers Lience # 03071909 State CA
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.	Ried Management Properties			Contact	Manager-Traci Michaels
Contact Phone	(850) 633-1515	Cell		Email	

Bank Name/Branch	Bank Of America	Contact	Marcus Jonar	Phone	(800) 919-5266
Trade Reference#1	Madac Enterprise	Contact	Kyle-Owner	Phone	(702) 903-4066
Trade Reference#2	Industrial Silver , Inc	Contact	Taylor Johnson	Phone	(470) 499-7566
Trade Reference#3	Parameter Air And Heating	Contact	Lisa Gilbert	Phone	(470) 206-8585

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 owenet/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	Vi Pham	Date	02/15/2017
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