

DBA Name	Gentle Dental Centre	Legal Name	Mint Breeze Dental, P.C.	
Type of Business	Dentistry	Tax ID	811377695	Corp
Full Business Address	186 Atlantic Ave.			
Full Billing Address				
Phone at Location	(516) 223-1002	Best Phone	(917) 386-3720	Fax (516) 223-1001
Business Email	dental186@yahoo.com	Website	none	
Years In Business	37	Average Ticket		Gross Annual Sales 270,000.00
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	Jose' Lazo	Title	President
Date of Birth	12/08/1953	SSN	104-44-4602
Full Home Address	11 Maple Drive		
Home Phone	(917) 386-3720	Cell Phone	(917) 386-3720 Email muelas53@gmail.com
Own/Rent	\$ 0 Own	Years There	10 Drivers Lience # 315174416 State NY
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.	Meryl Weissler		Contact		
Contact Phone		Cell		Email	

Bank Name/Branch	Capital One Bank, N.A.	Contact	Ismae	Phone	(516) 502-1442
Trade Reference#1	Art Dental Lab	Contact	Jimmy	Phone	(516) 437-1882
Trade Reference#2	Noticias del Mundo	Contact	Doris Diaz	Phone	(516) 428-2663
Trade Reference#3	Anderson Ortho ab	Contact	Jerry	Phone	(316) 448-2572

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	Jose' Lazo	Date	03/31/2017
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