MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646.417	7.5809
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DBA Name Hilltop Imaging & I					Legal Name			HILLTOP RADIOLOGY LLC				
Type of Business Medical Radiology			у	Т	Tax ID		26-30	26-3007941			Corp	
Full Business Addre	SS	2970 Hi	Itop Mall P	ld. #103 R	ichmond, CA	9480	6					
Full Billing Address												
Phone at Location		(510) 2	23-5122			Best P	hone <u>(40</u>	8) 891-17	51	Fax		
Business Email	choej@hilltopimaging.com				Website			www.hilltopmri.com				
Years In Business		10		Average T	icket _			Gross A	Annual Sal	es	1,400,000.	00
Do you currently ha	ave cash	advance	?	No	With who?					Bal	ance	
Current Credit Card Processor Average Processing Volume												
Last Month Vol.			#of Tick	ets		2nd I	Month Vol			#of	Tickets	
3rd Month Vol.			#of Tick	ets		4th I	onth Vol.			#of	Tickets	
Owner #1 Name	JOEL CHO	DE			Title —	9	Managin	g Member				
Date of Birth	11-28-19				SSN —	I	300-72-7	7818				
Full Home Address		-	n. Los Gatos	s, CA 95032								
Home Phone	(408) 89	1-1751	Cell Pl	none	(408) 891-	1751	Email —		choej@hill	topima	ging.com	
Own/Rent	\$ <u>0 Ow</u>	n	Years	There 1	2	Privers	Lience #	D1554488		State	ca	
Owner #2 Name					Title —							
Date of Birth					SSN —	l						
Full Home Address			Call D				Facail					
Home Phone			Cell Pl				Email —			<u> </u>		
Own/Rent	\$		Years	There _		rivers	Lience #			State		
Business Home Bas	ed?	No	_Location:	Lease/Ow	n <u>Lease</u> d	l	Lease Te	rm _		Mon	thly Rent	
Landlord / Mortgage	e Co. <u>H</u>	Hilltop Me	dical Offic	е			Con	tact	Ha	amid		
Contact Phone	<u>(</u>	510) 289	-4945	_ C	ell _				Email	<u>ha</u>	amid@htmp	laza.com
Bank Name/Branch				Contact	t			Ph	one			
Trade Reference#1				Contact	t			Ph	one			
Trade Reference#2				Contact	 t			Ph	one			
Trade Reference#3				Contact	t			Ph	one			

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	JOEL CHOE	Date	09/07/2016