

DBA Name		Rehab Te	x Services		Legal Nar	me	Rehab Tex S	ervices	
Type of Business <u>F</u>		Healthcar	Healthcare		_Tax ID		81-3729452		Corp
Full Business Addre	SS	647 Shena	ndoah Road, Co	rona, CA 928	79				
Full Billing Address									
Phone at Location (951) 314			l-6612		Best Phone (951) 3		314-6612	Fax	(877) 563-5027
Business Email		jj.faldas@	gmail.com		Wel	bsite			
Years In Business		2	Average	e Ticket			Gross Annua	Sales 60	00,000.00
Do you currently ha	ave cash	advance?	Yes	With who	? Expansion	on Capital		Balan	ce <u>960</u>
Current Credit Card	d Proces	sor				Average F	Processing Vo	lume	
Last Month Vol.		#	of Tickets		2nd Mo	onth Vol.		#of Tic	kets
3rd Month Vol.		#	of Tickets		4th Mo	onth Vol.		_ #of Tic	kets
Owner #1 Name	JJ FALDA			-	tle -	Owner			
Date of Birth	082619				SN -	572-81-579	00		
Full Home Address	647 She	enandoah Road	d, Corona, CA 928	79					
Home Phone	(951) 3	14-6612	Cell Phone	(951) 314	4-6612	Email	jj.falda	as@gmail.com	
Own/Rent	\$ <u>0 Ov</u>	vn	Years There	13 years	_Drivers Lie	ence # <u>c49</u>	978279	State	CA
Owner #2 Name				Ti	tle				
Date of Birth					SN				
Full Home Address					-				
Home Phone			Cell Phone			Email			
Own/Rent	\$		— Years There		Drivers Lie	ence #		State	
Business Home Bas	ed?	Yes Lo	ocation: Lease/0	Own <u>Own</u> e	<u>ea</u> L	ease Term.		Monthl	y Rent
Landlord / Mortgage	e Co.	Wells Fargo			-	Contac	it		
Contact Phone				Cell			_ Emai	l	
Bank Name/Branch	Chase		Cont	act			Phone	(951) 279-	2397
Trade Reference#1			Cont	act			- Phone	-	
Trade Reference#2			 Cont	act			- Phone		
Trade Reference#3			 Cont				- Phone		
I hereby represent that all	the above	information is tri	ue and understand the	hat making false	statements n	niaht be consi	dered fraud. By n	roviding the abo	ve information, the applicant(s)

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	JJ Faldas	Date	05/16/2018