

DBA Name	SAME		Legal Name	SMILE MAX DENTAL GROUP	
Type of Business	DENTAL PRACTICE		Tax ID	46=2681844	LLC
Full Business Address	10814 JEFFERSON BLVD. SUITE G. CULVER CITY, CALIF. 90230				
Full Billing Address					
Phone at Location	(949) 548-4559		Best Phone	(949) 338-8788	Fax (949) 546-0525
Business Email	reno@firstchoicedds.com		Website	www.apeldentist.com	
Years In Business	4	Average Ticket		Gross Annual Sales	360.00
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.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

Owner #1 Name	RENO IANNINI		Title	OWNER MGR	
Date of Birth	23/09/1937		SSN	570-48-0077	
Full Home Address	9493388788				
Home Phone	(949) 338-8788	Cell Phone		Email	reno@firstchoicedds.com
Own/Rent	\$ 0 Own	Years There	9493388788	Drivers Lience #	f0317653 State
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	3 PLUS 5YEAR OPTION	Monthly Rent	8,100.00
Landlord / Mortgage Co.				Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	CHASE	Contact	MARIA LOPEZ	Phone	
Trade Reference#1	KINGS 2 DENTAL SUPPLY	Contact		Phone	
Trade Reference#2	FORD MOTOR CREDIT	Contact		Phone	
Trade Reference#3		Contact		Phone	

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

RENO IANNINI

Date

03/21/2018