

DBA Name	Mills Chiropractic		Legal Name	Keith Mills, D.C.	
Type of Business	Healthcare		Tax ID	621143894	Sole Prop
Full Business Address	2509 N Ocoee St				
Full Billing Address					
Phone at Location	(423) 478-2225		Best Phone	(423) 478-2225	Fax (423) 479-7080
Business Email	doc@keithmillsdc.com		Website	keithmillsdc.com	
Years In Business	37	Average Ticket		Gross Annual Sales	265,000.00
Do you currently have cash advance?	Yes	With who?	Money Store, Green		Balance 29000
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	Keith Mills		Title	Dr.	
Date of Birth	03/17/1956		SSN	415-02-1394	
Full Home Address	4237152354				
Home Phone	(423) 478-2225	Cell Phone	(423) 715-2354	Email	doc@keithmillsdc.com
Own/Rent	\$ 0 Rent	Years There	37	Drivers Lience #	43026399
				State	TN
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.	McCoin Law		Contact	Michael	
Contact Phone	(423) 479-2157	Cell	(000) 000-0000	Email	michael@mccoinlawfirm.com

Bank Name/Branch	Smartbank	Contact	Sandy	Phone	(423) 308-2000
Trade Reference#1	Ace	Contact	Acct 64040	Phone	(423) 478-2544
Trade Reference#2	C&C X-ray	Contact	Larry	Phone	(865) 523-8584
Trade Reference#3	Dee Cee Labs	Contact	acct 80903	Phone	(800) 251-8182

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	Keith Mills	Date	11/06/2019
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