

Type of Business Podiatry office and ASC Tax ID 473244778	Corp				
Full Business Address 4501 Coleman street suite 208					
Full Billing Address					
Phone at Location (701) 751-7747 Best Phone (701) 751-7747 Fax (701) 751	7748				
Business Email ftello@ndfainstitute.com Website ndfainstitute					
Years In Business 2 Average Ticket Gross Annual Sales 450,000.00					
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 Francisco Tello Title CEO/DPM					
Date of Birth 04/30/1954 SSN 502-68-7680					
Full Home Address 10822 Rose Drive Bismarck,ND 58503					
Home Phone (701) 751-7747 Cell Phone (701) 226-3936 Email ftello@ndfainstitute.com					
Own/Rent \$ 0 Own Years There 16 Drivers Lience # TEL547397 State ND	_				
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 1.5yrs Monthly Rent 6,5	00.00				
Landlord / Mortgage Co. LEXSTAR Contact 3					
Contact Phone Cell Email					
Bank Name/Branch US Bank Contact Nicholas Rahrich Phone (701) 250-3145					
Trade Reference#1 Smith and Nephew Contact Joe Cullen Phone (701) 200-9059					
Trade Reference#2 River City Heating and Ai Contact Michael Reindel Phone (701) 250-8300					
Trade Reference#3 Stryker Contact Jon Needels Phone (402) 440-4971					

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 Prin	nted Name Fi	rancisco Tello	Date	02/19/2017
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