

DBA Name		Med Trar				egal Name	<u>M</u>	led Trans, I	nc.		
Type of Business		Medical	transcription	on services	T	ax ID	4	8-1284975			Corp
Full Business Addre	SS	12003 S N	1ontezuma	Court							
Full Billing Address											
Phone at Location	(480) 777-9110			[	Best Phone <u>(</u>	480) 75	9-1285	Fax	(480) 3	93-1801	
Business Email		mary@m	nedtrans.n	et		Website	w	ww.medtra	ns.net		
Years In Business	27 Average			verage Tic	Ticket		_ Gr	Gross Annual Sales 564,00			
Do you currently ha	ave cash	advance?	N	lo V	With who? _				_ Bal	ance	
Current Credit Card	_			Aver	age Pro	cessing Vo	lume				
Last Month Vol.			#of Ticket	.s		2nd Month \	√ol		#of	Tickets _	
3rd Month Vol.			#of Ticket	.s		4th Month \	/ol		_ #of	Tickets	
Owner #1 Name	Marv Parl	k Youhanaie			Title	Presid	dent				
Date of Birth	11/15/19				SSN	527-6	51-4511				
Full Home Address	12003 S	Montezuma	Court, Phoe	enix, AZ 850	44						
Home Phone	(480) 759	9-1285	Cell Pho	ne	(602) 403-6	718 Email		mary(	@medtrans.	net	
Own/Rent	\$ 0 Owr	า	Years T	here <u>16</u>	D	rivers Lience #	# D031	04933	State	Arizona	
Owner #2 Name					Title						
Date of Birth					SSN						
Full Home Address			0 !! !!			- "					
Home Phone			Cell Pho			Email		-			
Own/Rent	\$		Years T	here	D	rivers Lience #	<u> </u>		State		
Business Home Bas	ed?	Yes I	_ocation: L	.ease/Own	Owned	Lease	Term		Mon	thly Rent	
Landlord / Mortgage	e Co. <u>N</u>	IA				С	ontact		NA		
Contact Phone	_			Cel	_			Emai	_		
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone	-		
Trade Reference#3				Contact				Phone			
I haraby raprocent that all	the shows in	formation is t		retand that m	aldaa falaa ata	tanaanta naiaht h		od fraud By n	roulding the	ahaya informatio	n the englicent/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 Printe	ed Name Mary Pa	ark Youhanaie Da	ate	11/15/2017
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