

DBA Name	Falk Group Medical LLC		Legal Name	Falk Group Medical LLC	
Type of Business	Medical Advertising		Tax ID	46-3995454	LLC
Full Business Address	380 Lexington Ave. 17th floor				
Full Billing Address					
Phone at Location	(212) 490-3255		Best Phone	(212) 490-3255	Fax (212) 490-3510
Business Email	spencer@thefalkgroup.com		Website	www.thefalkgroup.com	
Years In Business	3	Average Ticket		Gross Annual Sales	1,000,000.00
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.	
3rd Month Vol.		# of Tickets		4th Month Vol.	

Owner #1 Name	Spencer Falk		Title	CEO	
Date of Birth	01-28-1957		SSN	144-52-4884	
Full Home Address	382 Pine Brook Road				
Home Phone	(914) 309-1511	Cell Phone	(914) 309-1511	Email	spencer@thefalkgroup.com
Own/Rent	\$ 0 Own	Years There	8 years	Drivers Lience #	583-190-049 State NEW YORK (NY)
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	month-to-month	Monthly Rent	75.00
Landlord / Mortgage Co.	Virgo			Contact	Jessica Tavarez		
Contact Phone	(212) 551-1173	Cell	(212) 551-1173	Email	chaninmanager@virgobc.com		

Bank Name/Branch	Citibank	Contact	Jefferson Rojas	Phone	(914) 234-4023
Trade Reference#1	Pfizer	Contact	Connie Lou	Phone	(212) 733-2323
Trade Reference#2	Balance Studios	Contact	Tina Lutz	Phone	(920) 433-9770
Trade Reference#3	BNC Voice	Contact	Latoya Bachanan	Phone	(888) 878-0040

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	Spencer Falk	Date	08/18/2016
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