

DBA Name	N/A		Legal Name	Vishnu Gaiha MDSC	
Type of Business	medical practic		Tax ID	36-3042089	Corp
Full Business Address	800 AUSTIN ST				
Full Billing Address					
Phone at Location	(847) 491-1977		Best Phone	(847) 491-1977	Fax (847) 491-0949
Business Email	gaiha23@yahoo.com		Website		
Years In Business	37	Average Ticket		Gross Annual Sales	1,685,000.00
Do you currently have cash advance?	Yes	With who?	Direct Capital, QuarterSpot, Celtic Bank, Funding Circe		Balance 400,000
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

<b>Owner #1 Name</b>	Vishnu Gaiha		Title	President	
Date of Birth	05/02/1945		SSN	164-46-9886	
Full Home Address	650 Arbor Drive				
Home Phone	(847) 624-5354	Cell Phone	(847) 624-5354	Email	gaiha23@yahoo.com
Own/Rent	\$ 0 Own	Years There	8476245354	Drivers Lience #	G00086494126
				State	IL
<b>Owner #2 Name</b>			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.	Ressurrection Services			Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Chase Bank	Contact	Jane Klein	Phone	(877) 576-0419
Trade Reference#1	H.M.J. Copy Service	Contact	Bert Velasquez	Phone	(773) 213-5035
Trade Reference#2	Harris Health Care	Contact	Walter	Phone	(800) 231-6523
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	Vishnu Gaiha	Date	10/18/2016
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