

DBA Name	n/a		Legal Name	COAST TO COAST PODIATRY	
Type of Business	PODIATRIC MEDICAL PRACTICE		Tax ID	45-2394554	Corp
Full Business Address	6650 RESEDA BLVD SUITE 101A RESEDA CA 91335				
Full Billing Address					
Phone at Location	(818) 708-7668		Best Phone	(818) 836-2475	Fax (310) 943-1457
Business Email	DROTIKO@YAHOO.COM		Website	coasttocoastpodiatry.com	
Years In Business	17	Average Ticket		Gross Annual Sales	2,000,000.00
Do you currently have cash advance?	Yes	With who?	NEXT WAVE FUNDING		Balance 60,000
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	CHRISTOPHER OTIKO		Title	CEO	
Date of Birth	11/14/1968		SSN	445-98-5943	
Full Home Address	23446 HAMLIN ST WEST HILLS CA 91307				
Home Phone	(818) 836-2475	Cell Phone	(818) 836-2475	Email	soccerdoc68@gmail.com
Own/Rent	\$ 0 Rent	Years There	2	Drivers Lience #	B4976984 State CA
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.				Contact	
Contact Phone		Cell		Email	

Bank Name/Branch	US BANK TOPANGA CANYON	Contact	ANGEL	Phone	(818) 444-5560
Trade Reference#1	MOORE MEDICAL	Contact	CHARLOTTE ROBINSON	Phone	(800) 234-1464
Trade Reference#2	KATHY OBERTO BILLING	Contact	KATHY OBERTO	Phone	(626) 923-0310
Trade Reference#3	BIOGENX INC	Contact	GARRETT ADAMS	Phone	(714) 585-5456

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	CHRISTOPHER OTIKO	Date	06/21/2017
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