

DBA Name	Dr. Keith Mills	Legal Name	Mills Chiropractic	
Type of Business	Solo Practice	Tax ID	621143894	Sole Prop
Full Business Address	2509 N Ocoee St			
Full Billing Address				
Phone at Location	(423) 478-2225	Best Phone	(423) 715-2354	Fax (423) 479-7080
Business Email	drkeith@usa.net	Website	keithmillsdc.com	
Years In Business	37	Average Ticket		Gross Annual Sales 270,000.00
Do you currently have cash advance?	Yes	With who?	Money Store, Green	Balance 25000
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>	Keith Mills	Title	Dr.
Date of Birth	03/17/1956	SSN	415-02-1384
Full Home Address	1520 North Ocoee Street		
Home Phone	(423) 478-2225	Cell Phone	(423) 715-2354
		Email	drkeith@usa.net
Own/Rent	\$ 0 Own	Years There	37
		Drivers Lience #	43026399
		State	Tennessee
<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.	McCoin Law		Contact	Michael	
Contact Phone	(423) 479-2157	Cell		Email	

Bank Name/Branch	Smartbank	Contact	Sandy	Phone	(423) 803-6551
Trade Reference#1	Ace	Contact	Acct 64040	Phone	(423) 478-2544
Trade Reference#2	C&C X-ray	Contact	Larry	Phone	(865) 523-8584
Trade Reference#3	Dee Cee Labs	Contact	acct 80903	Phone	(800) 251-8182

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 aboe listed business and business owne/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 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 informaiton 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

Keith Mills

Date

01/14/2020