

DDA Nama		MISCOE		CTIC CLINIC	DC Log	al Nama	MISCOE CHI		C DC
DBA Name		MISCOE CHIROPRACTIC CLINIC,				al Name	MISCOE CHIROPRACTIC CLINIC,		<u> </u>
Type of Business		CHIROPRACTIC MEDICINE			Tax		251290821		Corp
Full Business Addre	SS	215 BELM	ONT STRE	ET JOHNSTO	WN, PA 159	904			
Full Billing Address									
Phone at Location		(814) 266-3314			Be:				14) 262-0800
Business Email	Email DRFMII@aol.com			Webs		Website			
Years In Business		35	A	verage Ticke	et	Gross Ann		nnual Sales <u>103,600.00</u>	
Do you currently ha	ave cash	advance?	N	lo Wi	th who?			Balance	
Current Credit Card Processor			_			Average P	rocessing Vo	lume	
Last Month Vol.			#of Ticket	.s	2	nd Month Vol.		#of Tickets	
3rd Month Vol.			#of Ticket	.s	4	th Month Vol.		#of Tickets	
Owner #1 Name	CDCDCDI	C MISCOE II			Title	DDEC/CEO			
					Title	PRES/CEO	<u> </u>		
Date of Birth	DRFMII@		LIAMBION F	NA 15622	SSN	211-52-989	0		
Full Home Address		PEN DRIVE C	-		21.4\ 2.42.020	20 5!	DDEM	UO	
Home Phone	(814) 26		Cell Pho	_	314) 242-838			II@aol.com	
Own/Rent	\$ <u>0 Ow</u>	<u>n</u>	Years T	here <u>23</u>	Driv	vers Lience # 192	286141	State P	ENNSYLVANIA
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address					JJIN	-			
Home Phone			Cell Pho	ne .		Email			
Own/Rent	\$		— Years T		Driv	vers Lience #		State	
Own/Rent	·		Tears I						
Business Home Bas	ed?	No L	ocation: L	.ease/Own	Leased	Lease Term	20 MON	THS Monthly Re	nt <u>1,500.00</u>
Landlord / Mortgage	e Co. <u> </u>	ROBERT PO	RTER			Contac	t	724-388-5479	
Contact Phone	-			Cell			_ Emai	l	
Bank Name/Branch	SOMER	RSET TRUST	CO.	Contact			Phone	(814) 266-602	1
Trade Reference#1				Contact			Phone		
Trade Reference#2				Contact			- Phone		
Trade Reference#3				Contact			- Phone		
							<u> </u>		

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 authorized 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	Printed Name	FREDERIC MISCOE II	Date	01/04/2017
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