

DBA Name	Norge Dental Center	Legal Name	Timothy K. Johnston DDS & Assoc., PLLC	
Type of Business	Dentist	Tax ID	541975474	LLC
Full Business Address	7450 Richmond Rd, Williamsburg, VA 23188			
Full Billing Address				
Phone at Location	(757) 564-0804	Best Phone	(757) 870-7957	Fax (757) 564-0819
Business Email	tkjohnstondds@gmail.com	Website	www.williamsburgdds.com	
Years In Business	29	Average Ticket		Gross Annual Sales 5,000,000.00
Do you currently have cash advance?	Yes	With who?	Trust Capital	Balance 115000
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

Owner #1 Name	Timothy Johnston		Title	Sole Member	
Date of Birth	07/12/1964		SSN	104-58-9216	
Full Home Address	610 Colony Trl, Lanexa, VA 23089				
Home Phone	(757) 870-7957	Cell Phone		Email	tkjohnstondds@gmail.com
Own/Rent	\$ 0 Own	Years There	20	Drivers Lience #	T61941617 State VA
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	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	Old Point National Bank			Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Old Point National Bank/N	Contact	Greg Caldwell	Phone	(757) 728-1898
Trade Reference#1	MIS Implants	Contact		Phone	(201) 797-1944
Trade Reference#2	Henry Schein Inc	Contact		Phone	
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 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 owenet/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

Timothy Johnston

Date

01/29/2018
