

Type of Business	DBA Name	AD	/ANCED GASTR	ROENTEROL	.OGY Le	egal Na	me	B JEFFREY WA	LLIS MD		
Phone at Location	Type of Business		HEALTHCARE			Tax ID		45-2651123			Corp
Phone at Location	Full Business Address 6752 W GULF-TO-LAKE HIGHWAY #101, #101										
Business Email   SCOPETALL@YAHOO.COM   Website   WWW.ADVANCEDGIASSOCIATES.COM	Full Billing Address										
Years In Business         6         Average Ticket         Gross Annual Sales         700,000.00           Do you currently have cash advance?         Yes         With who? YELLOWSTONE.WMI         Balance \$2000,\$1000           Current Credit Card Processor         Average Processing Volume           Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           Owner #1 Name         BARRETT WALLIS         Title         PRESIDENT           Date of Birth         04-09-1953         SSN         099-46-9576           Full Home Address         835 SE IST COURT,CRYSTAL RIVER,FL         Home Phone         G52) 564-3900         Cell Phone         G352) 400-8000         Email         SCOPETALL@YAHOO.COM           Owner #2 Name         Title         SSN         State         Florida           Owner #2 Name         Title         SSN         State         Florida           Owner #2 Name         Cell Phone         Email         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthlyly Rent	Phone at Location (352) 400-8000				E	Best Ph	one <u>(352)</u>	400-8000	Fax		
Do you currently have cash advance?         Yes         With who? YELLOWSTONE,WMI         Balance \$2000,\$1000           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         BARREIT WALLIS         Title         PRESIDENT           Date of Birth         04-09-1955         SSN         099-46-9576           Full Home Address         835 SE 1ST COURT, CRYSTAL RIVER, FL           Home Phone         (352) 564-3900         Cell Phone         (352) 400-8000         Email         SCOPETALL@YAHOO.COM           Owner #2 Name         Title         SSN         State         Florida           Plul Home Address         Home Phone         Cell Phone         Email         State         Florida           Own/Rent         \$ Years There         Drivers Lience #         State         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Cell         Contact         VICKIE MOORE         Phone         (352) 795-6498           Bank Name/Branch	Business Email	Business Email SCOPETALL@YAHC		O.COM		Website		WWW.ADVAN	SOCIATES.COM		
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         BARRETT WALLIS         Title         PRESIDENT           Date of Birth         04-09-1955         SSN         099-46-9576           Full Home Address         835 SE 1ST COURT, CRYSTAL RIVER, FL         Home Phone         (352) 564-3900         Cell Phone         (352) 400-8000         Email         SCOPETALL@YAHOO.COM           Own/Rent         \$ 0 Own         Years There         3524008000         Drivers Lience #         State         Florida           Full Home Address           Home Phone         Cell Phone         Email         State           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage         Coll         Cell         Email         Email           Bank Name/Branch         REGIONS BANK/CRYSTAL RIVER         VICKIE MOORE         Phone         (352) 795-6498           Trade Reference	Years In Business	6		Average Tic	age Ticket			Gross Annual Sales 700,00		700,000.00	
Last Month Vol.	Do you currently ha	ave cash adva	nce?	∕es V	With who? Y	/ELLOW	/STONE,WM	11	Bala	ance <u>\$2000,\$1000</u>	
3rd Month Vol.	Current Credit Card	l Processor				_	Average F	Processing Volu	me		
Owner #1 Name         BARRETT WALLIS         Title         PRESIDENT           Date of Birth         04-09-1955         SSN         099-46-9576           Full Home Address         335 SE 1ST COURT.CRYSTAL RIVER.FL         Total Phone         (352) 400-8000         Email         SCOPETALL@YAHOO.COM           Own/Rent         \$ 0 Own         Years There         3524 008000         Drivers Lience #         State         Florida           Full Home Address           Home Phone         Cell Phone         Email         State         Florida           Own/Rent         \$ Years There         Drivers Lience #         State         State           Business Home Based?         No         Location: Lease/Own         Owned         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Cell         Contact         Contact         Email           Bank Name/Branck         REGIONS BANK/CRYSTAL RIVER         Contact         VICKIE MOORE         Phone         (352) 795-6498           Trade Reference#1         BRIGHTHOUSE         Contact         VICKIE         Phone         (352) 527-7650	Last Month Vol.		#of Ticke	ts		2nd M	onth Vol.		#of	Tickets	
Date of Birth         04-09-1955         SSN         099-46-9576           Full Home Address         835 SE 15T COURT, CRYSTAL RIVER, FL           Home Phone         (352) 564-3900         Cell Phone         (352) 400-8000         Email         SCOPETALL@YAHOO.COM           Own/Rent         \$ 0 Own         Years There         3524008000 Drivers Lience #         State         Florida           Follows Foundation of Found	3rd Month Vol.		#of Ticke	ts		4th M	onth Vol.		#of	Tickets	
Full Home Address	Owner #1 Name	BARRETT WALL	LIS		Title		PRESIDENT				
Home Phone	Date of Birth	04-09-1955			SSN		099-46-957	6			
Own/Rent \$ 0 Own Years There 3524008000 Drivers Lience # State Florida  Owner #2 Name 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. Contact Contact Phone Cell Email  Bank Name/Branch REGIONS BANK/CRYSTAL RIVE Contact VICKIE MOORE Phone (352) 795-6498  Trade Reference#1 BRIGHTHOUSE Contact VICKIE Phone (888) 976-3279  Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Full Home Address	835 SE 1ST CO	URT,CRYSTAL RIV	VER,FL							
Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Drivers Lience #  Business Home Based? No Location: Lease/Own Landlord / Mortgage Co. Contact Phone Cell Cell Contact Phone Cell Contact Phone Cell Contact Contact Phone Cell Contact Contact Contact Phone Cell Contact Cont	Home Phone	(352) 564-3900	352) 564-3900 Cell Phone		(352) 400-8000 Email		SCOPETALL@YAHOO.COM		OO.COM		
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Full Home Address Home Phone  Cell Phone  Drivers Lience #  State  Business Home Based? No Location: Lease/Own Owned Lease Term Landlord / Mortgage Co. Contact Phone  Cell  Email  Contact Phone  REGIONS BANK/CRYSTAL RIVE  Contact  VICKIE MOORE  Phone (352) 795-6498  Trade Reference#1  BRIGHTHOUSE  Contact  Contact  VICKIE Phone (352) 527-7650	Owner #2 Name				Title						
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. Contact Contact Phone Cell Email  Bank Name/Branch REGIONS BANK/CRYSTAL RIVE Contact VICKIE MOORE Phone (352) 795-6498  Trade Reference#1 BRIGHTHOUSE Contact VICKIE Phone (888) 976-3279  Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Date of Birth				SSN						
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Landlord / Mortgage Co. Contact  Contact Phone Cell Email  Bank Name/Branch REGIONS BANK/CRYSTAL RIVE Contact VICKIE MOORE Phone (352) 795-6498  Trade Reference#1 BRIGHTHOUSE Contact VICKIE Phone (888) 976-3279  Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Own/Rent	\$	Years Years	There	D	rivers Li	ence #		State		
Contact Phone Cell Email  Bank Name/Branch REGIONS BANK/CRYSTAL RIVE Contact VICKIE MOORE Phone (352) 795-6498  Trade Reference#1 BRIGHTHOUSE Contact VICKIE Phone (888) 976-3279  Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Business Home Bas	ed? No	Location:	Lease/Own	Owned		Lease Term	1	Mont	thly Rent	
Bank Name/Branch REGIONS BANK/CRYSTAL Contact VICKIE MOORE Phone (352) 795-6498  Trade Reference#1 BRIGHTHOUSE Contact VICKIE Phone (888) 976-3279  Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Landlord / Mortgage	e Co					Contac	it .			
Trade Reference#1 BRIGHTHOUSE Contact VICKIE MOORE Phone (352) 795-6498  Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Contact Phone			Cel	I _			_ Email	_		
Trade Reference#2 CITRUS COUNTY UTILITIES Contact Phone (352) 527-7650	Bank Name/Branch		NK/CRYSTAL	Contact	VICKIE	MOOR	E	Phone	(352) 7	95-6498	
<del></del>	Trade Reference#1	BRIGHTHOU	SE	- Contact	VICKIE			— Phone	(888) 9	76-3279	
Trade Reference#3 BOB DOBBS Contact Phone (727) 820-0550	Trade Reference#2	CITRUS COU	NTY UTILITIES	- Contact				— Phone	(352) 5	27-7650	
	Trade Reference#3	BOB DOBBS		- Contact -	-			Phone	(727) 8	320-0550	

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 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	BARRETT WALLIS	Date	12/20/2017