MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646.417	7.5809
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Type of Business	DBA Name	N/A		Legal Name	Vishnu Gaiha MDSC			
Phone at Location (847) 491-1977 Best Phone (847) 491-1977 Fax (847) 491-0949	Type of Business	<u> </u>		Tax ID	36-3042089	Corp		
Phone at Location	Full Business Addre	ss 800 AUS	TIN ST					
Business Email Saiha23@yahou.com Website Gross Annual Sales 1,685,000.00	Full Billing Address							
Years In Business 37 Average Ticket Gross Annual Sales 1,685,000.00 Do you currently have cash advance? Yes With who? Celtic Bank, Funding Circe Balance 400,000 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 Vishnu Gaiha Title President Date of Birth 05/02/1945 SSN 164-46-9886 Full Home Address 650 Arbor Drive Home Phone (847) 624-5354 Cell Phone 8476245354 Drivers Lience # G00086494126 State IL Own/Rent \$ 0 Own Years There 8476245354 Drivers Lience # G00086494126 State IL Own/Rent \$ 0 Own Years There Email State IL Own/Rent \$ Years There Drivers Lience # Drivers Lience # State State IL Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlor	Phone at Location	-		Best Phone (847	7) 491-1977 Fax	(847) 491-0949		
Do you currently have cash advance? Yes With who? Direct Capital, QuarterSpot, Celtic Bank, Funding Circe Balance 400,000 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 Vishnu Gaiha Title President Date of Birth 05/02/1945 SSN 164-46-9886 Full Home Address 650 Arbor Drive Home Phone (847) 624-5354 Email gaiha23@yahoo.com Own/Rent § 0 Own Years There 8476245354 Drivers Lience # G00086494126 State IL Owner #2 Name Title Title SSN SSN State IL Own/Rent § 0 Own Years There Brail G00086494126 State IL Own/Rent § Years There Drivers Lience # G00086494126 State IL Own/Rent § Years There Drivers Lience # G00086494126 State State Business Home Based? No <td>Business Email</td> <td>gaiha23</td> <td>B@yahoo.com</td> <td>Website</td> <td></td> <td></td>	Business Email	gaiha23	B@yahoo.com	Website				
Celtic Bank, Funding Circe Data	Years In Business	37	Average Ti	e Ticket Gross Annual Sales1,685,000.00				
Last Month Vol.				400,000				
State	Current Credit Card Processor Average Processing Volume							
Owner #1 Name Vishnu Gaiha Title President Date of Birth 05/02/1945 SSN 164-46-9886 Full Home Address 650 Arbor Drive Home Phone (847) 624-5354 Cell Phone (847) 624-5354 Email gaiha23@yahoo.com Own/Rent \$ 0 Own Years There 8476245354 Drivers Lience # G00086494126 State IL Owner #2 Name Title 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. Ressurection Services Contact Contact Phone Cell Email Bank Name/Branch Chase Bank Contact Jane Klein Phone (877) 576-0419 Trade Reference#1 H.M.J. Copy Service Contact Bert Velasquez Phone (870) 213-5035	Last Month Vol.		#of Tickets 2nd Month Vol. #of Tickets		ts			
Date of Birth O5/02/1945 SSN 164-46-9886	3rd Month Vol.		#of Tickets	4th Month Vol. #of Tickets		ts		
Full Home Address Cell Phone (847) 624-5354 Cell Phone (847) 624-5354 Email gaiha23@yahoo.com	Owner #1 Name	Vishnu Gaiha		Title President	<u> </u>			
Home Phone	Date of Birth	05/02/1945		SSN 164-46-9	886			
Own/Rent \$ 0 Own Years There 8476245354 Drivers Lience # G00086494126 State IL 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. Ressurection Services Contact Contact Phone Cell Email Bank Name/Branch Chase Bank Contact Jane Klein Phone (877) 576-0419 Trade Reference#1 H.M.J. Copy Service Contact Bert Velasquez Phone (773) 213-5035 Trade Reference#2 Harris Health Care Contact Walter Phone (800) 231-6523	Full Home Address	650 Arbor Drive		-				
Owner #2 Name Date of Birth SSN Full Home Address Home Phone Cell Phone Email Own/Rent State Own/Rent State Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. Ressurection Services Contact Phone Cell Email Bank Name/Branch Chase Bank Contact Jane Klein Phone (877) 576-0419 Trade Reference#1 H.M.J. Copy Service Contact Walter Phone (800) 231-6523	Home Phone	(847) 624-5354	Cell Phone	(847) 624-5354 Email	gaiha23@yahoo.com			
Date of Birth Full Home Address Home Phone Cell Phone Drivers Lience # State Business Home Based? No Location: Lease/Own Leased Lease Term Landlord / Mortgage Co. Ressurection Services Contact Phone Cell Bank Name/Branch Chase Bank Contact Jane Klein Phone (877) 576-0419 Trade Reference#2 Harris Health Care Contact Walter Phone (800) 231-6523	Own/Rent	\$ <u>0 Own</u>	Years There 84	176245354 Drivers Lience # _	6245354 Drivers Lience # G00086494126 State IL			
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Trade Reference#1 H.M.J. Copy Service Contact Bert Velasquez Phone (773) 213-5035 Trade Reference#2 Harris Health Care Contact Walter Phone (800) 231-6523	Contact Phone		Ce	·II	Email			
Trade Reference#2 Harris Health Care Contact Walter Phone (800) 231-6523	Bank Name/Branch	Chase Bank	Contact	Jane Klein	Phone (877) 576-04	19		
	Trade Reference#1	H.M.J. Copy Serv	ice Contact	Bert Velasquez	Phone (773) 213-50	35		
	Trade Reference#2	Harris Health Car	re Contact	Walter	Phone (800) 231-65	23		
Trade Reference#3 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 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	Vishnu Gaiha	Date	10/18/2016