

Type of Business	DBA Name		ADVANO	CED FAMILY	FOOT CARE		Legal N	lame	gerald calia	1		
Full Business Address 162 RIDGEWAY CENTER, OAK RIDGE,TN.37830											Sole Prop	
Phone at Location												
Phone at Location Contact Con												
Business Email Scalia2@comcst.net Website MWW.ADVANCEDFAMILYFOOTCARETN.COM Years In Business 35	_		(865) 482-3441				Best Phone (865)		482-3441	Fax	(865) 483-6299	
Years In Business 35			-	net								
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 Date of Birth GERALD CALIA Titlle CEO Date of Birth 11/23/1945 SSN 365-46-1056 Full Home Address 790 EMORY VALLEY LANE # 413 Home Phone (865) 482-3441 Cell Phone (865) 335-7180 Email gbcalia@cmail.com Own/Rent \$ 0 Rent Years There ONE Drivers Lience # 064140566 State TN Public of Birth SSN SSN SSN Trade Reference # State TN Own/Rent \$ 0 Rent Years There Drivers Lience # State State TN Business Home Based? No Location: Lease/Own Leased Lease Term Monthly Rent Landlord / Mortgage Co. BRISTOL PARK Contact Contact Phone (865) 298-1850 Bank Name/Branch REGIONS BANK, OAK RIDGE, Contact Phone (8677) 376-7284												
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Date of Birth 11/23/1945 SSN 365-46-1056												
Full Home Address	Owner #1 Name	GERALD (CALIA			Tit	le	CEO				
Home Phone	Date of Birth	11/23/1945			SS	N	365-46-10	56				
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Trade Reference#2 MOORE MEDICAL Contact Phone (800) 234-1464	Bank Name/Branch		IS BANK,	OAK	Contact				Phone	(865) 29	8-1850	
	Trade Reference#1	BAKO L	ABS		Contact				Phone	(877) 37	6-7284	
Trade Reference#3 SAFESTEP SHOES Contact RUSSEL MCMILLAN Phone (404) 271-0925	Trade Reference#2	MOORE	MEDICAL	 L	Contact				Phone	(800) 23	4-1464	
	Trade Reference#3	SAFEST	EP SHOE	S	Contact	RUSS	EL MCI	MILLAN	Phone	(404) 27	1-0925	

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	GERALD CALIA	Date	01/29/2020
Signature#1	Printed Name	GERALD CALIA	Date	01/29/2020