

DBA Name	CIFTON CHIROPRACTIC INC		Legal Name	Clifton chiropractic, Inc	
Type of Business	chiropractic		Tax ID	311360022	Corp
Full Business Address	711 E MCMILLAN CINCINNATI, OH 45206				
Full Billing Address					
Phone at Location	(513) 240-4446		Best Phone	(513) 240-4446	Fax (513) 943-7760
Business Email	bob@rwhitecpa.com		Website		
Years In Business	30	Average Ticket		Gross Annual Sales	400,000.00
Do you currently have cash advance?	No	With who?		Balance	
Current Credit Card Processor			Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.	
3rd Month Vol.		#of Tickets		4th Month Vol.	

Owner #1 Name	Joseph Scott		Title	PRESIDENT	
Date of Birth	08/31/58		SSN	290-58-7050	
Full Home Address	7655 COLDSTREAM WOODS DR CINCINNATI, OH 45255				
Home Phone	(513) 240-4446	Cell Phone	(513) 240-4446	Email	jlsccott831@gmail.com
Own/Rent	\$ 0 Own	Years There	15	Drivers Lience #	RV216318
				State	OH
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.	AEROTYNE PROPERTIES			Contact	PIERCE SCOTT
Contact Phone	(513) 238-1503	Cell	(513) 238-1503	Email	

Bank Name/Branch	FIFTH THIRD BANK	Contact	MORGAN	Phone	(513) 753-7200
Trade Reference#1	MEDICAL EQUIP SERVICES	Contact	JIM BAKER	Phone	(937) 278-3191
Trade Reference#2	ROBERT L WHITE & ASSOC.	Contact	ROBERT WHITE	Phone	(513) 515-7250
Trade Reference#3	FULL SKY TECHNOLOGY	Contact	THERESA WESSEL	Phone	(513) 527-4253

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 pertinent 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 above listed business and business owner/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 transaction, including without limitation the application therefor (collectively, "Transaction") 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

Joseph Scott

Date

01/24/2019