

DBA Name	Amvet Medical Technologies aka AMT		Legal Name	Hugh Douthit	
Type of Business	Security Software		Tax ID	46-4998292	Sole Prop
Full Business Address	131 East Palmetto Avenue				
Full Billing Address					
Phone at Location	(407) 242-5810	Best Phone	(407) 242-5810	Fax	(407) 386-3057
Business Email	hdouthit@amvetmedicaltech.com		Website	www.amvetmedicaltech.com	
Years In Business	5	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	Hugh Douthit		Title	CEO	
Date of Birth	06-21-1956		SSN	452-06-1809	
Full Home Address	131 East Palmetto Avenue				
Home Phone	(407) 242-5810	Cell Phone	(407) 242-5810	Email	hdouthit54@gmail.com
Own/Rent	\$ 0 Own	Years There	7	Drivers Lience #	DL330-325-56-221-0 State FL
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.	Chase			Contact			
Contact Phone	(800) 846-9136		Cell		Email		

Bank Name/Branch	PNC	Contact	Marcia Davila	Phone	(352) 243-1818
Trade Reference#1	OrthoView	Contact	Debbie Mangelli	Phone	(916) 560-3082
Trade Reference#2	DeskTop Alert	Contact	John Monville	Phone	(973) 727-0066
Trade Reference#3	EMD Systems	Contact	Pat McCalluy	Phone	(919) 771-6769

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	Hugh Douthit	Date	07/26/2016
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