MoneyWorks >	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Steve

DBA Name	Medagene Clinic P.A.			Legal Name			Medag	Medagene Clinic P.A.				
Type of Business	siness Medical Clinic		7	Tax ID		76061	760618125			Corp		
Full Business Addre	ess	6655 Hillo	roft St, S	Ste 105								
Full Billing Address												
Phone at Location		(713) 779-1633			Best Phone (713)			3) 779-16	33	Fax	(713)	995-5914
Business Email		medageneclinicpa@gmail.co			m Website							
Years In Business		31		Average Ti	cket _			Gross A	Annual S	ales <u>-</u>	400,000.0	0
Do you currently h	ave cash	advance?		No	With who?					Bala	nce	
Current Credit Card	d Process	sor				_	Average	Processi	ng Volu	me		
Last Month Vol.			#of Tick	ets		2nd	l Month Vol.			#of T	ickets	
3rd Month Vol.			#of Tick	ets		4th	Month Vol.			#of T	ickets	
Owner #1 Name	Gonzalo				Title —		Owner					
Date of Birth	07/11/19				SSN 	V	449-13-43	316				
Full Home Address		Rice Ave										
Home Phone	(713) 62	8-9152	Cell Pl	none	(713) 628-	9152	Email —		guribeb	otero@hoti	mail.com	
Own/Rent	\$ <u>0 Re</u>	nt	Years	There _		Drivers	s Lience # 0)2928604		_State	Texas	<u> </u>
Owner #2 Name					Title	۵						
Date of Birth					– 122							
Full Home Address					_	•						
Home Phone			Cell Pl	none			Email					
Own/Rent	\$		_	There		Drivers	— s Lience #			State		
·	· ——			_			_			_		
Business Home Bas	sed?	No L	ocation:	Lease/Owr	n <u>Lease</u>	d	Lease Ter	m		Montl	hly Rent	3,571.00
Landlord / Mortgage	e Co. <u> </u>	Don Mafrige	<u> </u>				Conta	act	_			
Contact Phone	<u>(</u>	(713) 771-2	466	. Ce	ell _				Email			
Bank Name/Branch	Chase			Contact				Pho	one			
Trade Reference#1				Contact				— Pho	one -			
Trade Reference#2				Contact				— Pho	one -			
Trade Reference#3				Contact				— Pho	one -			
I hereby represent that all	the above i	nformation is to	rue and un	derstand that r	making false st	atemer	nts might be con	nsidered fra	ud. By prov	iding the al	oove informa	tion, the applicant(s)

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	Gonzalo Uribe	Date	10/03/2018