

DBA Name	Advanced Dental Care of Central KY		Legal Name	Paula K Lenox, DMD PSC	
Type of Business	dental office		Tax ID	61-129-4477	Corp
Full Business Address	Paula K Lenox, DMD PSC				
Full Billing Address					
Phone at Location	(502) 863-2207		Best Phone	(502) 863-2207	Fax (502) 863-3700
Business Email	businessoffice@drlenox.com		Website	drlenox.com	
Years In Business	29	Average Ticket		Gross Annual Sales	436,000.00
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.	

<b>Owner #1 Name</b>	Paula Lenox		Title	President	
Date of Birth	05-18-1957		SSN	403-92-5823	
Full Home Address	1154 Lexington Rd/ Suite 2 Georgetown, KY 40324				
Home Phone	(502) 863-2207	Cell Phone	(502) 316-3996	Email	businessoffice@drlenox.com
Own/Rent	\$ 0 Own	Years There	26	Drivers Lience #	F93-181-810 State KY
<b>Owner #2 Name</b>			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	Owned	Lease Term		Monthly Rent	
Landlord / Mortgage Co.	Whitaker Bank			Contact			
Contact Phone		Cell		Email			

Bank Name/Branch	Whitaker Bank	Contact	George Parker	Phone	(502) 863-0111
Trade Reference#1	Patterson Dental Supply	Contact	Marie	Phone	(800) 252-6960
Trade Reference#2	Sullivan Schein	Contact	Tracie	Phone	(859) 294-4600
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 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

Paula Lenox

Date

09/15/2016