

DBA Name	02-257-6742	Legal Name	Eminent Spine, LLC	
Type of Business	Medical device	Tax ID	262739683	LLC
Full Business Address	7200 N INTERSTATE 35 BLDG 1			
Full Billing Address				
Phone at Location	(512) 868-5980	Best Phone	(512) 868-5980	Fax (512) 864-1462
Business Email	Leda@eminentspine.com	Website	www.eminentspine.com	
Years In Business	9	Average Ticket		Gross Annual Sales 5,151,696.00
Do you currently have cash advance?	Yes	With who?	Ondeck	Balance 71686
Current Credit Card Processor		Average Processing Volume		
Last Month Vol.		#of Tickets		2nd Month Vol.
				#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.
				#of Tickets

<b>Owner #1 Name</b>	Dave Freehill	Title	President
Date of Birth	08/16/1962	SSN	261-69-1946
Full Home Address	3010 Olympia Drive, temple, tx 76502		
Home Phone	(512) 868-5980	Cell Phone	(254) 931-6996
		Email	leda@eminentspine.com
Own/Rent	\$ 0 Rent	Years There	5
		Drivers Lience #	15541382
		State	Texas
<b>Owner #2 Name</b>	Steve Courtney	Title	CEO
Date of Birth		SSN	--
Full Home Address			
Home Phone		Cell Phone	
		Email	
Own/Rent	\$ Own	Years There	
		Drivers Lience #	
		State	

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	5	Monthly Rent	12,845.00
Landlord / Mortgage Co.	UT Land Company, LTD			Contact	Landlord		
Contact Phone	(512) 474-9400	Cell		Email			

Bank Name/Branch	Bank of America	Contact	Customer service	Phone	(888) 852-5000
Trade Reference#1	Accumax	Contact	Patricia	Phone	(254) 699-4741
Trade Reference#2	Precision Machined Compon	Contact	Howard	Phone	(512) 759-4505
Trade Reference#3	Aerie Awards and Signs	Contact	Ken	Phone	(512) 863-5982

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

Dave Freehill

Date

02/07/2017