

DBA Name	ROLLE ORAL & FACIAL SURGERY		Legal Name	ROLLE ORAL & FACIAL SURGERY	
Type of Business	S-Corp		Tax ID	464510171	Corp
Full Business Address	9615 Caldwell Commons Circle, Suite B				
Full Billing Address					
Phone at Location	(704) 892-9500		Best Phone	(704) 885-4256	Fax (704) 892-9554
Business Email	drrolle87@gmail.com		Website	RolleOralFacialSurgery.com	
Years In Business	5	Average Ticket		Gross Annual Sales	1,500,000.00
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	DR RICHARD ROLLE JR		Title	President/CEO	
Date of Birth	07/27/1974		SSN	473-15-3367	
Full Home Address	16801 Jetton Rd				
Home Phone	(704) 885-4256	Cell Phone	(704) 885-4256	Email	lrrolle77@gmail.com
Own/Rent	\$ 0 Own	Years There	4	Drivers Lience #	000030980903 State NC
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	Owned	Lease Term	Monthly Rent
Landlord / Mortgage Co.	First nat		Contact	Scott Birkner	
Contact Phone	(704) 564-5940	Cell	(704) 564-5940	Email	

Bank Name/Branch	Charlotte Metro CU	Contact	Diana Pena	Phone	(704) 375-0183
Trade Reference#1	QuoteHub	Contact	Abraham Cannon	Phone	(704) 345-2545
Trade Reference#2	Alarm South	Contact	Vernon Jones	Phone	(704) 301-2721
Trade Reference#3	Livingstone	Contact	Tony Baldwin	Phone	(704) 640-7465

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	DR RICHARD ROLLE JR	Date	09/18/2018
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