

Type of Business Address			Image Optical		Legal Name		1000 111. 0	Todd M. Clark OD LLC		
Phone at Location	Type of Business Optometry p		Optometry prac	actice		Tax ID	31-16752	31-1675243		LLC
Phone at Location	Full Business Addre	ess	395 N West Stre	et B						
Business Email drtodd@imageoptical.net Website www.imageoptical.net Years In Business 17 Average Ticket Gross Annual Sales 360,000.00 Do you currently have cash advance? Yes With who? TVT Pearl Can capital (3 payments remain with Pearl Balance 25,000 Current Credit Card Processor Average Processing Volume ————————————————————————————————————	Full Billing Address									
Years In Business 17 Average Ticket Gross Annual Sales 360,000.00 Do you currently have cash advance? Yes With who? payments remain with Pearl Balance 25,000 Current Credit Card Processor Average Processing Volume ————————————————————————————————————	Phone at Location				Best Phone (614)		4) 496-5863	Fax	(614) 839-5367	
Do you currently have cash advance? Yes With who? payments remain with Pearl payments remain with Pearl Balance 25,000 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 Owner #1 Name clark Title owner Date of Birth 12-05-1972 SSN 277-80-0669 Full Home Address 2954 johnstown alexandria rd Home Phone (614) 496-5863 Email drtodd@imageoptical.net Own/Rent \$ 0 Own Years There 6144965863 Email drtodd@imageoptical.net Owner #2 Name Title SSN Title State Ohio Owner #2 Name Title SSN Finall State Ohio Full Home Address Cell Phone Email State Ohio Own/Rent \$ 0 Own Years There Drivers Lience # State Ohio Business Home Based? No Location: Lease/Own Le	Business Email		drtodd@imaged	ptical.net		Website	www.ima	www.imageoptical.net		
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Owner #1 Name Clark Title owner Date of Birth 12-05-1972 SSN 277-80-069 Full Home Address 2954 Johnstown alexandria rd Full Home Address Email drtodd@imageoptical.met Own/Rent \$ 0 0wn Years There 6144965863 Drivers Lience # R1495166 State Ohio Owner #2 Name Title Date of Birth SSN SSN SSN SSN SSN Ohio Oh	Last Month Vol.		#of Tic	kets		2nd Month Vol		#of Ticke	ets	
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Contact Phone (614) 726-2430 Cell (614) 726-2430 Email reception@scottniemandds.com	Business Home Bas	ed? !	No Location:	Lease/Own	Leased	Lease Term	5 years	Monthly Rent	2,500.00	
<u> </u>	Landlord / Mortgage Co. Max and Gia Properties			Contact		ntact	Scott Nieman			
Bank Name/Branch Columbus First Bank Contact Melissa Phone (614) 310-7200	Contact Phone	<u>(61</u>	.4) 726-2430	Cell	(61	4) 726-2430	Email	reception@	scottniemandds	.com
	Bank Name/Branch	Columbus	s First Bank	Contact	Melissa		Phone	(614) 310-7200		
Trade Reference#1 Vsp One Contact accouting Phone (800) 251-5150	Trade Reference#1	Frade Reference#1 Vsp One		Contact	accouting	1	Phone	(800) 251-5150		
Trade Reference#2 sama eyewear Contact darrin Phone (323) 822-3955	Trade Reference#2 sama eyewear		Contact	darrin		Phone	(323) 822-3955			
Trade Peference#2 1/1 eveesr Centact suichi Phane (888) 8/7 087/	Trade Reference#3	141 eyee	ar	Contact	su chi		Phone	(888) 847-9874		

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 Na	me Todd Clark	Date	11/28/2016
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