

DBA Name	Bayou Sports Health, LLC		Legal Name	Bayou Sports Health, LLC	
Type of Business	Sports Medicine Provider		Tax ID	74-1852590	LLC
Full Business Address	7655 S Braeswood Blvd Unit 5				
Full Billing Address					
Phone at Location	(713) 870-0984		Best Phone	(832) 341-5896	Fax
Business Email	roakley3@aol.com		Website	in progress	
Years In Business	5	Average Ticket		Gross Annual Sales	165,000.00
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	Bobby Oakley		Title	CEO	
Date of Birth	08/10/1959		SSN	459-25-8669	
Full Home Address	7655 S Braeswood Unit 5				
Home Phone	(832) 341-5896	Cell Phone	(832) 341-5896	Email	roakley3@aol.com
Own/Rent	\$ 0 Own	Years There	2	Drivers Lience #	08211959
				State	Texas
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	Leased	Lease Term	open	Monthly Rent	1,350.00
Landlord / Mortgage Co.	Sandra Lee			Contact	Sandra Lee		
Contact Phone	(832) 282-3833	Cell	(832) 282-3833	Email			

Bank Name/Branch	Comeric	Contact	Jose Bonilla	Phone	(713) 663-7202
Trade Reference#1	Milliken Medical	Contact		Phone	(800) 532-1356
Trade Reference#2	Ossur Americaq	Contact		Phone	(800) 233-6263
Trade Reference#3	Vonco Medical	Contact	Chyler	Phone	(972) 702-7865

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	Bobby Oakley	Date	10/26/2016
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