

DBA Name	TimeWise Medical		Legal Name	Rylie Medical, PLLC	
Type of Business	Medical Practice		Tax ID	47-229-8870	LLC
Full Business Address	8530 Eagle Point Blvd, Suite 100, Lake Elmo, MN 55042				
Full Billing Address					
Phone at Location	(651) 333-9133		Best Phone	(612) 860-2831	Fax (651) 560-7013
Business Email	drlocketz@timewisemedical.com		Website	www.timewisemedical.com	
Years In Business	5	Average Ticket		Gross Annual Sales	700,000.00
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	Adam Locketz		Title	MD	
Date of Birth	07-30/1972		SSN	389-64-6162	
Full Home Address	10300 City Walk Dr, Apt 130 Woodbury, MN 55129				
Home Phone	(612) 860-2831	Cell Phone	(612) 860-2831	Email	drlocketz@timewisemedical.com
Own/Rent	\$ 0 Rent	Years There	6128602831	Drivers Lience #	P306188745409
				State	MN
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		Monthly Rent	
Landlord / Mortgage Co.	Regus			Contact	Amy Seim		
Contact Phone	(612) 638-6600	Cell	(612) 638-6600	Email	minnesota.lakeelmo@regus.com		

Bank Name/Branch	Spark Capital Onq	Contact	Spark Customer Service	Phone	(844) 887-7275
Trade Reference#1	St Croix Orthopedics	Contact	Erik Kirkson, DO	Phone	(651) 329-0312
Trade Reference#2	Heartland Orthopaedics	Contact	James Andrews, MD	Phone	(218) 205-5252
Trade Reference#3	Soar Clinic	Contact	Teresa Gurin, MD	Phone	(612) 770-4774

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

Adam Locketz

Date

05/04/2017