

DBA Name	Fernando T. Enrile	Legal Name	Enrile Medical Services, Inc.	
Type of Business	Medical	Tax ID	61-1739541	Corp
Full Business Address	453 E Markland Drive			
Full Billing Address				
Phone at Location	(702) 350-8475	Best Phone	(702) 350-8475	Fax
Business Email	enrile@gmail.com	Website		
Years In Business	3	Average Ticket		Gross Annual Sales
				300,000.00
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.
				#of Tickets
3rd Month Vol.		#of Tickets		4th Month Vol.
				#of Tickets

Owner #1 Name	Fernando Enrile	Title	President
Date of Birth	09-15-1938	SSN	081-44-8850
Full Home Address	3110 Berceto Ct.		
Home Phone	(702) 350-8475	Cell Phone	(702) 350-8475
		Email	edwin_enrile@hotmail.com
Own/Rent	\$ 0 Own	Years There	7023508475
		Drivers Lience #	D2850857
		State	California
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	12 Months	Monthly Rent	500.00
Landlord / Mortgage Co.	Robert Figueroa			Contact	Robert Figueroa		
Contact Phone	(323) 501-1981	Cell	(323) 501-1981	Email			

Bank Name/Branch	Citibank	Contact	Roberto Rosca	Phone	(702) 492-4735
Trade Reference#1	EMMA	Contact	Michael Agron, M.D.	Phone	(626) 222-0415
Trade Reference#2		Contact	Afshim Adhami, M.D.	Phone	(323) 346-0555
Trade Reference#3		Contact	Jose David Delgado, M.D.	Phone	(323) 727-9931

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	Fernando Enrile	Date	12/07/2016
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