

DBA Name		eco frien	dly dentistry pc		Lega	Name	eco friendly de	entistry pc		
Type of Business		dental office			Tax I	D	462300040		Cor	р
Full Business Addre	:SS	9525 s we	stern ave, chica	go , il						
Full Billing Address										
Phone at Location		(773) 429-1400			Best	Phone (708)) 543-0795	Fax _		
Business Email					Website		ecofriendlydentsitry.com			_
Years In Business		3	Averag	e Ticket			Gross Annual S	ales <u>500,0</u>	00.00	_
Do you currently ha	ave cash	advance?	Yes	With v	vho? <u>can</u>	capital		Balance 4	5000	_
Current Credit Card	or				Average	Processing Volu	me		_	
Last Month Vol.			#of Tickets		2n	d Month Vol.		#of Ticket	5	_
3rd Month Vol.			#of Tickets		4t	h Month Vol.		#of Ticket	5	_
Owner #1 Name	monica p	aramo			Title	dr				
Date of Birth	10251984				SSN	328-92-45	68			_
Full Home Address	1600 s pi	rairie ave								_
Home Phone	(708) 543	3-0795	Cell Phone			Email	mparam	o0515@yahoo.c	om	_
Own/Rent	\$ 0 Ren	\$ 0 Rent Years Th		3 Drivers Lience		 rs Lience # <u>_</u>	n36001684304	StateI	llinois	_
Owner #2 Name					Title					_
Date of Birth					SSN					_
Full Home Address			0 11 11			- "				_
Home Phone			Cell Phone			Email				_
Own/Rent	\$		Years There		Drive	rs Lience #		_State		
Business Home Bas	sed?	No L	Location: Lease/	Own <u>L</u> e	eased	Lease Terr	n	Monthly Re	ent	
Landlord / Mortgage	e Co. <u>v</u>	land				Conta	ict <u>s</u>	steve panko		
Contact Phone	<u>(</u> :	312) 379-5	101	Cell	(312)	865-1100	Email	spanko(@kdp-llc.com	
Bank Name/Branch			Cont	act			Phone			
Trade Reference#1			Cont	act			Phone			_
Trade Reference#2			Cont	act			Phone			_
Trade Reference#3			Cont	act —			Phone			_
I hereby represent that all	the above in	nformation is t	rue and understand t	hat making f	alse stateme	ents might be cons	sidered fraud. By prov	viding the above in	formation, the applicant	<u>=</u>

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 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	ahmed mataria	Date	12/05/2016