

DBA Name	WELLS FARGO	Legal Name	INNOVATIVE MEDICAL TECHNOLOGIES, INC	
Type of Business	MEDICAL WHOLESALE SUPPLIES	Tax ID	82-1392585	Corp
Full Business Address	4600 SOUTH SYRACUSE STREET			
Full Billing Address				
Phone at Location	(303) 586-6177	Best Phone	(719) 581-8211	Fax
Business Email	InnovativeMedicalTechnologies@dr.com	Website	InnovativeMedicalTechnologies.biz	
Years In Business	10	Average Ticket		Gross Annual Sales 1,800,000.00
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	Mirian Menezes	Title	Principle
Date of Birth	08/30/1965	SSN	571-65-801
Full Home Address	9009 Rampart Street, Federal Heights CO 80260		
Home Phone	(303) 586-6177	Cell Phone	(719) 581-8211
		Email	InnovativeMedicalTechnologies@dr.com
Own/Rent	\$ 0 Own	Years There	5
		Drivers Lience #	12-159-0451
		State	CO
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.	Westside Properties		Contact	Linda Donaldson-Oliver	
Contact Phone	(818) 533-8722	Cell	(800) 893-5304	Email	

Bank Name/Branch	Wells Fargo	Contact	Lisa Palson	Phone	(800) 919-5266
Trade Reference#1	TN Management, Inc	Contact	Thomas Bethisom	Phone	(866) 952-4266
Trade Reference#2	Dr. Glasfon, M.D.	Contact	Staff	Phone	(443) 433-3266
Trade Reference#3	Meical Supplies, USA	Contact	Pearl Johnson	Phone	(956) 486-5100

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 aboe listed business and business owneet/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 transacation, 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 informaiton 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

Mirian Menezes

Date

05/08/2017