MoneyWorks Direct ADMINISTRATIVE FORM PLEASE FAX TO: 1.646.417	7.5809
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DBA Name	Dental Boutique			Legal N	lame	Tannaz T Goodjohn, DDS, INC					
Type of Business	Dentistry				Tax ID		954763871		_	Corp	
Full Business Addre	SS	8733 Be	verly Blvd	Suite 300							
Full Billing Address											
Phone at Location		(310) 6	52-6518			Best P	hone (310)	430-3581	Fax	(310)	652-3796
Business Email	Drgoodjohn@icloud.com				Website www.dentalboutique.co			outique.com			
Years In Business		18 Average Ticket			ket _		Gross Annual Sales 500,000.00			0	
Do you currently have cash advance? Yes With who? Credibly, yellowstone Balance 68,000.00, 15,661.00											
Current Credit Card Processor Average Processing Volume											
Last Month Vol.			#of Tick	ets		2nd	Month Vol.		#of Tick	ets	
3rd Month Vol.			#of Tick	ets		4th	Month Vol.		#of Tick	ets	
Owner #1 Name	Tannaz	z Goodjohn			Tit	le	Dentist				
Date of Birth	04/14/	1966			SS	5N	570-69-032	:5			
Full Home Address	999 N	Doheny Dr #	603								
Home Phone	(310) 4	130-3581	Cell Pl	hone	(310) 430	-3581	Email	drgood	djohn@icloud.co	om	
Own/Rent	\$ <u>0 R</u>	ent	Years	There 3 ye	rs	Drivers	Lience # C2	313343	State	Califo	rnia
Owner #2 Name					Tit						
Date of Birth					SS	οN					
Full Home Address Home Phone			Cell Pl	hone			Email				
Own/Rent	\$			There		Drivers	Lience #		State		
	Ψ <u> </u>					-					
Business Home Bas	ed? _	No	_Location:	Lease/Own	Lease	ed	_Lease Term	ı	Monthly	Rent	2,476.00
Landlord / Mortgage	e Co.	Solomon					Contac	ct	Cindy		
Contact Phone		(818) 625	-0484	. Cell		(818) 6	25-0484	_ Emai	l		
Bank Name/Branch	BOA			Contact				Phone	(131) 028-9	422	
Trade Reference#1	Masse	ey Eshaghi		Contact	Masse	у		Phone	(805) 300-3	183	
Trade Reference#2	Dr Ali	Vaziri		Contact	Ali			Phone	(310) 614-3	951	
Trade Reference#3	Sulliv	en Schein		- Contact	Kenny			Phone	(800) 561-2	631	

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 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	Tannaz Goodjohn	Date	02/06/2017