

DBA Name		Autonom	nic Softwar	re	Le	egal Name	Autonomi Sot	tware	
I TVNA NI BIISINASS		Develop software	Develop and sell Computer securit software			ax ID	81-0643008		Corp
Full Business Addre	SS	4185 Blac	khawk Pla	a Circle, Da	nille, CA 9	4506			
Full Billing Address									
Phone at Location		(925) 68	3-8351		[	Best Phone (925)	) 683-8351	Fax	
Business Email tony@autonomic		ıtonomic-s	-software.com		Website	www.autonor	nic-software		
Years In Business		12		Average Tick	ket		Gross Annual	Sales <u>2,00</u>	00,000.00
Do you currently ha	ave cash	advance?	1	No W	ith who? _			Balance	
Current Credit Card Processor						_ Average	Processing Vol	ume	
Last Month Vol.			#of Ticket	ts		2nd Month Vol.		#of Ticke	ets
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Ticke	ets
Owner #1 Name	Tony Gig	liotti			Title	President			
Date of Birth	10/24/20				SSN	230-64-97	5		
Full Home Address	47 Saddl	eback Place	, Danille,CA						
Home Phone	(925) 68	3-8351	Cell Pho	one	(925) 683-8	351 Email	tony@a	autonomi-softwa	are.com
Own/Rent	\$ 0 Ow	n	 Years T	There 12	years D	rivers Lience # N	6641585	State	CA
Owner #2 Name					Title				
Date of Birth Full Home Address					SSN				
Home Phone			Cell Pho	one		Email			
Own/Rent	\$		Years 1	_	D	rivers Lience #		State	
Business Home Bas	ed?	No	Location: I	Lease/Own	Leased	Lease Terr	n	Monthly	Rent
Landlord / Mortgage	—— e Co.	StarJ				 Conta		Tom Signorel	 li
Contact Phone	<u>(</u>	310) 746-6	6639	Cell	(3	310) 746-6639	Email	tom.si	gnorelli@gmail.com
Bank Name/Branch				Contact			Phone		
Trade Reference#1	Intel			Contact	Danny L	ongmiller.	— Phone	(972) 987-22	<u> </u>
Trade Reference#2			Contact			— Phone			
Trade Reference#3				Contact			— Phone		
									information, the applicant(s) and corporate entities, and

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	Tony Gigliotti	Date	12/16/2016