

DBA Name		SEVEN HILLS SOFTWARE TECHNOLOGIES INC			L	Legal Name		SEVEN HILLS SOFTWARE TECHNOI			GIES INC
Type of Business		Information Technology			Tax ID		20-0428268			Corp	
Full Business Addre	SS	800 N BELL	. AVE Bldg	6 Ste 25	5 Carnegie	PA 15	106				
Full Billing Address											
Phone at Location		(267) 625	-1474		E	Best P	hone <u>(267)</u>	625-1474	Fax	(877) 745	5-4811
Business Email	Business Email		sunny@shstinc.com			Website		www.shstinc.	.com		
Years In Business	ears In Business		A	verage Ticket				Gross Annual Sales <u>3,440,000.00</u>			
Do you currently ha	ave cash	advance?	N	0	With who? _				_ Ba	lance	
Current Credit Card	or	_			_	Average	Processing Vol	ume			
Last Month Vol.		#	of Tickets	s		2nd	Month Vol.		#of	Tickets	
3rd Month Vol.		#	of Tickets	s		4th I	Month Vol.		#of	Tickets	
Owner #1 Name	SUNIL M	UDDAM			Title	<u> </u>	president				
Date of Birth	03-12-19	974			- SSN		163-80-252	27			
Full Home Address	7101 Sh	effield Ct Mc [	Donald PA 1	15057	-						
Home Phone	(267) 62	5-1474	Cell Pho	ne	(267) 625-1	L474	Email	accour	nts@shstin	c.com	
Own/Rent	\$ <u>0 Ow</u>	n	Years Th	here <u>4</u>	D	rivers	 Lience # <u></u>	5998968	State	PA	
Owner #2 Name					Title -	<b>:</b>					
Date of Birth					SSN -						
Full Home Address											
Home Phone			Cell Phoi				Email —				
Own/Rent	\$		Years Th	nere _	D	rivers	Lience #		State	_	
Business Home Bas	ed?	No Lo	ocation: L	ease/Owr	Leased		Lease Tern	n	Mor	nthly Rent	
Landlord / Mortgage	e Co. <u> </u>	Carnegie Off	ice Park				Conta	ct	Kathy E	rmacoff	
Contact Phone	<u>(</u>	412) 276-74	100	Ce	·II _			Email	<u>e</u>	kathy@aol.con	n
Bank Name/Branch				Contact				Phone			
Trade Reference#1				Contact				Phone			
Trade Reference#2				Contact				Phone			
Trade Reference#3				Contact				Phone			
I hereby represent that all authorize you to whom this will provide financial state	s applicatio	n is made or yo	ur agents to	investigate	my/our financi	ial respo	nsibility and cr	edit worthiness, sp	ecifically p	rincipal and corpora	ate 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 relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	SUNIL MUDDAM	Date	07/11/2017
3				