

DBA Name	DirectRM, Inc.		Legal Name	DirectRM, Inc.	
Type of Business	Security Software		Tax ID	46-5310364	Corp
Full Business Address	19200 Von Karman Avenue				
Full Billing Address					
Phone at Location	(949) 622-5483		Best Phone	(949) 413-3217	Fax
Business Email	info@directrm.com		Website	www.directrm.com	
Years In Business	3	Average Ticket		Gross Annual Sales	250,000.00
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	Joseph Baggio		Title	CTO/Founder	
Date of Birth	10161953		SSN	157-48-2395	
Full Home Address	20470 Via Trovador				
Home Phone	(949) 660-9381	Cell Phone	(949) 413-3217	Email	jbaggio@jclholding.com
Own/Rent	\$ 0 Own	Years There	5	Drivers Lience #	D5115459
				State	California
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.	PB Cebters			Contact	9496225400
Contact Phone		Cell		Email	

Bank Name/Branch	J P Morgan Chase	Contact	Opek Farodoye	Phone	(714) 970-7357
Trade Reference#1	P B Centers	Contact	Michelle	Phone	(949) 622-5400
Trade Reference#2	CoLocation America	Contact	Albert	Phone	(888) 502-2656
Trade Reference#3	Hiscox Insurance	Contact		Phone	(888) 202-3007

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 above listed business and business owner/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 transaction, including without limitation the application therefor (collectively, "Transaction") 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	Joseph Baggio	Date	04/24/2017
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