

DBA Name		WI Indoo	r Golf Center	L	egal Name	WI Indoor Gol	f Center LLC		
Type of Business		Golf simu	ılator entertainm	ent -	Tax ID	45-2786146	Ĺ	LLC	
Full Business Addre	SS	206 Travis	Ln, Waukesha, \	WI 53189					
Full Billing Address								-	
Phone at Location		(262) 430	6-0002		Best Phone (262	2) 366-0169	Fax		
Business Email		chris@wi	sconsinindoorgol	fcenter.com	Website	wisconsinindo	oorgolfcenter.com		
Years In Business		8 Average		e Ticket		Gross Annual	Gross Annual Sales 260,000.00		
Do you currently ha	ave cash a	advance?	No	With who?			Balance		
Current Credit Card	d Processo	r			Average	Processing Volu	ume		
Last Month Vol.			#of Tickets		2nd Month Vol.		#of Tickets		
3rd Month Vol.			#of Tickets		4th Month Vol.		#of Tickets		
Owner #1 Name	Christoph	er Verhoff		Titl	e owner				
Date of Birth	12141963			 122	293-60-0	530			
Full Home Address	325 Jaspe	r Ln, Wauke	esha, WI 53188						
Home Phone	(262) 366	-0169	Cell Phone	(262) 366-	0169 Email	chris@	wisconsinindoorgolfcenter.com		
Own/Rent	\$ <u>0 Own</u>		— Years There	20	 Drivers Lience # _\	/610-1106-3454-0	7_State WI		
Owner #2 Name				Titl	e				
Date of Birth				122	N				
Full Home Address			Call Blace		F9				
Home Phone			Cell Phone		Email				
Own/Rent	\$		Years There		Drivers Lience # _		State		
Business Home Bas	ed?	No L	ocation: Lease/C	wn <u>Lease</u>	d Lease Ter	m	Monthly Rent		
							225 E Michigan Ct Milwaukoo	WI	
Landlord / Mortgage	e Co. J J	effers & C	0		Cont	act	225 E Michigan St, Milwaukee, 53202		
Contact Phone	e Co. JJ	leffers & C		Cell _	Cont	act Email			
	e Co.	effers & C		_	Cont				
Contact Phone		leffers & C		nct	Cont	Email			
Contact Phone Bank Name/Branch		effers & C	Conta	act	Cont	Email			
Contact Phone Bank Name/Branch Trade Reference#1		effers & C	Conta	act	Cont	Phone Phone			

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	Christopher Verhoff	Date	05/22/2019
Signature#1	riiileu Naiile	Christopher Verhon	Date	03/22/2019