

DBA Name	none	none		Legal Name		Color and Chrome Cycle & Motor Spa		
Type of Business	Motorcycle Repai	Motorcycle Repair		Tax ID		27-2035692		
Full Business Addre	ss 1502 Winter Street	Superior Wi 54	880					
Full Billing Address								
Phone at Location	(715) 392-6567	715) 392-6567		Best Phone (715) 392-6567 Fax				
Business Email	info@colorandchr	info@colorandchromecycle.net		Website		www.colorandchromecycleandmotorspa.com		
Years In Business	9	Average Ticket			Gross Annual Sales 147,000.00			
Do you currently have cash advance?		Yes With	who?			Balance 500.		
Current Credit Card	Processor		Average Processing Volume					
Last Month Vol.	#of Ticke	ets	2nd Mont	h Vol.		#of Tickets		
3rd Month Vol.	#of Ticke	ets	4th Month	n Vol.		#of Tickets		
Owner #1 Name	Terry Ludwikowski			e owner				
Date of Birth	08041952		SSN 390)-58-559	90			
Full Home Address Home Phone	2107 E 6th St (715) 392-6567 Cell Pt	uono (21	8) 391-8050 Em	ail	info@co	olorandchromecycle.net		
Own/Rent	(715) 392-6567 Cell Phone (218) 391-8050 Email info@colorandchromecycle.net \$ 0 Own Years There 30 Drivers Lience # I322-8055-2284-05 State wi							
Own/Rent	\$ 0 OWII Teals	There <u>50</u>	Drivers Lience	= # 132	22-0033-2204-03		=	
Owner #2 Name Title								
Date of Birth			SSN					
Full Home Address								
Home Phone	Cell Phone		Email					
Own/Rent	\$ Years There		Drivers Lience	Drivers Lience #		State	-	
Business Home Bas	ed? No Location:	Lease/Own	Leased Leas	se Term	n	Monthly Rent		
Landlord / Mortgage Co. John Dandrea Contact								
Contact Phone	(715) 395-5555	Cell			_ Email			
Bank Name/Branch	Superior Choice Credit Un	Contact			Phone	(715) 392-5616		
Trade Reference#1	Tucker Rocky	Contact o	customer service		Phone	(800) 347-1010		
Trade Reference#2	Parts Unlimited	Contact o	customer service		Phone	(800) 369-1000		
Trade Reference#3	Vtwin	Contact o	customer service		Phone	(845) 565-2806		

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 Terry Ludwikowski Date 10/19/2017