

DBA Name		Гn Vapor		Leg	gal Name	Tn Vapor		
Type of Business Retail				Tax	(ID	138982578		Sole Prop
Full Business Addre	ss <u>3</u> 9	94 W Main St su	ite A1 Hendeı	rsonville TN	37075			
Full Billing Address	_							
Phone at Location (615) 364-1796				Best Phone (615) 364-1796 Fax			Fax	
Business Email raymondagib@gn		mail.com		Website				
Years In Business	2.5 Avera		Average Tic	Ticket		Gross Annual Sales 450,000.00		.00
Do you currently ha	ave cash ad	vance?	Yes V	Vith who? St	erling capital		Balance 220	00
Current Credit Card Processor				Average	Processing Volur	me		
Last Month Vol.		#of Tic	kets	:	2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of Tickets	
O #11 NI	Da A			T'H -	0			
Owner #1 Name	Raymon Agu 06-01-1978	uib		Title SSN	Owner 	70		
Date of Birth Full Home Address		ate dr Nashville tı	. 27217	221/	130-90-23	170		
Home Phone	(615) 364-1		Phone	(615) 364-17	96 Email	raymono	lagib@gmail.com	
Own/Rent	\$ 0 Own		s There 16	. ,		89510058		nessee
Ownynene	\$ <u>5 5 m</u>		3 mere <u>10</u>		vers Elenee " o	03310030		
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address								
Home Phone		Cell	Phone		Email			
Own/Rent	\$	Year	s There	Dri	vers Lience #		State	
Business Home Bas	sed? N	lo Location	n: Lease/Own	Leased	Lease Terr	m	Monthly Rent	
Landlord / Mortgage	e Co. <u>San</u>	n jordon			Conta	act <u>6</u>	5155870725	
Contact Phone	(61	5) 487-0725	_ Cel	l <u>(61</u>	.5) 487-0725	Email		
Bank Name/Branch	SunTrust l	bank	Contact			Phone		
Trade Reference#1			 Contact			Phone		
Trade Reference#2			– Contact			Phone		
Trade Reference#3			 Contact			Phone		
I hereby represent that all	the above infor	mation is true and u	nderstand that m	aking false state	ements might be con	sidered fraud. By prov	riding the above inforn	nation, the applicant(s)

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 in 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	Raymon Aguib	Date	08/08/2017