MoneyWorks >> Dire	ADMINISTRATIVE FORM PLEASE FAX TO:1.646.417.5809 Sales Rep: Alexis
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DBA Name		Ace vapors l	LLC	Legal Name		Ace vapors LLC		
Type of Business	s <u>Retail</u>			Tax ID		471821080		LLC
Full Business Addre	ess	1514 Washte	naw Ave					
Full Billing Address								
Phone at Location		(734) 945-7	121	Best Phone (734)		945-7121	Fax	
Business Email		Acevaporsll	@gmail.com	Website		Acevprs.com		
Years In Business		2 Average Ticket				Gross Annual	Sales <u>80,000.00</u>	
Do you currently ha	ave cash	advance?	Yes \	With who? Cap	ital for mercha	ints	Balance \$900	
Current Credit Card Processor Average Processing Volume								
Last Month Vol.		#oi	Tickets	2r	d Month Vol.		#of Tickets	
3rd Month Vol.		#oi	Tickets	4t	h Month Vol.		#of Tickets	
Owner #1 Name	JACQUES	HALL		Title	Owner			
Date of Birth	05/30/77			SSN	381-84-383	38		
Full Home Address	ess 2978 cascade dr Ann Arbor mi 48104							
Home Phone	(734) 945	5-7121	Cell Phone	(734) 945-7121	. Email	Aceva	porsllc@gmail.com	
Own/Rent	\$ <u>0 Ren</u>	it	Years There 1-	1/2yrs Drive	ers Lience # H4	400356784406	State Michigan	
Owner #2 Neme				Title				
Owner #2 Name				Title SSN				
Date of Birth Full Home Address				. 5511				
Home Phone			Cell Phone		Email			
				Duite			Chaha	
Own/Rent	\$		Years There	DLIVE	ers Lience #		State	
Business Home Bas	sed?	No Loca	ation: Lease/Own	Leased	Lease Tern	n	Monthly Rent	
Landlord / Mortgage	e Co. <u>K</u>	(ung propertie	S		Conta	ct	Brian kung	
Contact Phone	<u>(</u>	734) 645-4248	B Cel	l <u>(734</u>	645-4248	Email		
Bank Name/Branch	Citizens		Contact			Phone	(734) 677-0160	
Trade Reference#1	Zee wh	olesale	Contact	Fahad		 Phone	(844) 641-2211	
Trade Reference#2	Zee wh	olesale	Contact	Fahrid		Phone	(844) 641-2211	
Trade Reference#3	Diy vap	or supply	Contact	Cody		– Phone –	(248) 558-2002	

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	JACQUES HALL		Date		09/15/2016
	riiiteu Naiile	JACQUES HALL		Date	_	09/13/2010