

DBA Name	Flavor Monster		Legal Name	Artisan Vaper DBA Flavor Monster	
Type of Business	Manufacturing		Tax ID	474838489	LLC
Full Business Address	1348 N. Academy Blvd				
Full Billing Address					
Phone at Location	(719) 344-5588		Best Phone	(719) 551-2876	Fax
Business Email	laura@flavormonster.com		Website	www.flavormonster.com	
Years In Business	1	Average Ticket		Gross Annual Sales	860,000.00
Do you currently have cash advance?	Yes	With who?	Kabbage, The Business Backer		Balance 19,425.00, 30,594.70
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	Laura Riggs		Title	CWO	
Date of Birth	04041988		SSN	523-79-9783	
Full Home Address	3705 Saddle Rock Rd				
Home Phone	(719) 551-2876	Cell Phone		Email	laura@flavormonster.com
Own/Rent	\$ 0 Rent	Years There	6 months	Drivers Lience #	033161016 State Colorado
Owner #2 Name	Jarod Gorla		Title	CEO	
Date of Birth			SSN	601-92-8529	
Full Home Address	5602 Mosquito Pass Dr				
Home Phone		Cell Phone	(719) 551-2882	Email	jarod@flavormonster.com
Own/Rent	\$ Rent	Years There	6 months	Drivers Lience #	D01603027 State Arizona

Business Home Based?	No	Location: Lease/Own	Leased	Lease Term	3 years 11 months	Monthly Rent	1,443.00
Landlord / Mortgage Co.	Griffis/Blessing, Inc.			Contact	Dixie Snider		
Contact Phone	(719) 520-1234	Cell		Email			

Bank Name/Branch	Wells Fargo	Contact		Phone	(800) 869-3557
Trade Reference#1		Contact		Phone	
Trade Reference#2		Contact		Phone	
Trade Reference#3		Contact		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 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

Laura Riggs

Date

01/31/2017