

BUSINESS INFORMATION

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|--------------------------|------------------|-------------|-----------------------|----------------|
| Legal Name: | | DBA: | | |
| ACE COMMERCIAL TIRE LLC | | | | |
| Federal Tax ID: | State of Incorp: | Start Date: | Business Entity Type: | Industry Type: |
| 850651172 | | 04/08/2020 | LLC | Tire Shop |
| Physical Street Address: | | City: | State: | Zip Code: |
| 21904 84th Ave S | | Bothell | WA | 98032 |

OWNER INFORMATION

| | | | |
|--------------------------|-----------------|-------------|----------------|
| First Name: | Last Name: | SSN#: | Date of Birth: |
| Phillip | Aceves | 897581549 | 09/03/1985 |
| Physical Street Address: | | City: | State: |
| 1729 194th St SE | | | |
| Zip Code: | Merchant Email: | Cell Phone: | Fax: |
| | | | Ownership %: |
| | | | 50.0 |
| First Name: | Last Name: | SSN#: | Date of Birth: |
| | | | |
| Physical Street Address: | | City: | State: |
| | | | |
| Zip Code: | Merchant Email: | Cell Phone: | Fax: |
| | | | Ownership %: |
| | | | |

FINANCIAL INFORMATION

| | | | |
|---------|---------|----------|----------|
| Lender: | Amount: | Balance: | Payment: |
| | | | |
| Lender: | Amount: | Balance: | Payment: |
| | | | |
| Lender: | Amount: | Balance: | Payment: |
| | | | |

AUTHORIZATIONS

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Priceline Funding llc ("CV") and each of its representatives, successors, assignees 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 transactions, including without limitations the application therefor (collectively, "transactions") 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, Equifax and from other credit bureaus, banks and creditors and other third parties. You also authorize CV 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 forgoing purposes.. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, the CV and to each of the following recipient, on its own behalf.

OWNER/OFFICER (SIGNATURE) Phillip Aceves
OWNER/OFFICER (PRINT) Phillip Aceves
DATE 08/07/2025

OWNER/OFFICER (SIGNATURE) _____
OWNER/OFFICER (PRINT) _____
DATE _____