



- CigarBros of California, Inc
- 1280 N Johnson Ave STE 101
- El Cajon, CA 92020
- 619-510-2377
- E-Mail: cigarbrosc@gmail.com



ACCOUNT INFORMATION

| | | |
|---|---------------------------|----------------------------|
| 1 | Store Name : | Colby Vape & Tobacco |
| 2 | Address | 2080 S Franklin Ave. STE 3 |
| 3 | City | Colby |
| 4 | State | Kansas |
| 5 | Zip Code | 67701 |
| 6 | Country | United States |
| 7 | FEIN Number | 93-3106721 |
| 8 | Pay Method Initial Order: | Auto Pay |
| 9 | Pay Method Restock Order: | Auto Pay |

CONTACT INFORMATION

| | | |
|----|------------------------|-----------------------|
| 10 | Store Owner's Name: | Mathab Al-Shayef |
| 11 | Store Owner's Phone #: | 415-818-8182 |
| 12 | Email Address: | colbyvape@outlook.com |
| 13 | Business Phone #: | 785-460-3333 |
| 14 | Contact Person's Name: | Alex |
| 15 | Contact Phone #: | 517-512-9633 |

STORE INFORMATION

| | | |
|----|--|--|
| 16 | Tobacco License #: | RD012654 |
| 17 | Seller's Permit #: | RD012654 |
| 18 | Hours: Monday to Thurs | 8am-11pm |
| 19 | Hours: Friday Saturday | 8am-11pm |
| 20 | Store Type: LQ GS SS BW CA GF NA OT RE | SS |
| 21 | Humidor Placement: EndCap, ChckOut, Entran, Exit | Entran |
| 22 | Carried Cigars Before? Yes or No | No |
| 23 | Old Humidor Type: Cntrtop, Single , Double, Walk In | N/A |
| 24 | Freight charges apply | Yes |
| 25 | Notes: | 500.00 off Security Deposit (referral discount) |

AGREEMENT TERMS:

Thank you for your interest in CigarBros! We are excited to present you with our program.

The Humidor:

We will deliver a state-of-the-art humidor at no cost to you. We maintain ownership of the humidor for the lifetime of our partnership. You agree to not display any other humidor in your store. You also agree to keep the humidor fully stocked. We agree to maintain the performance of the humidor with free repairs. You agree to deep clean the humidor every 6 months. You agree to be responsible for any damages to the humidor. \$300 for replacement door, \$2500 for entire humidor for theft, vandalism, abandonment or other causes. You agree to fill the Water Reservoir with Distilled Water as needed

The Location:

An appropriate location will be chosen and agreed upon inside your store. You agree to place the humidor in the approved location and will not relocate outside of the business unless approved by CigarBros. Removing the humidor without our consent can result in penalty charges

The Cigars:

We will provide a selection of the top selling cigars and we will track performance of these cigars, making changes as needed. You agree to not change any of the selection or place any other cigars outside of our program in our humidor. Do not place any cigars on top of the water reservoir.

The Prices:

We will supply you with the selection of cigars at competitive wholesale prices. All applicable state taxes will be included in the price. (excl. certain states)

The Profit:

You are free to price your own cigars. You will be provided with labels and price tags for all cigars. You will also be provided with pricing instructions.

The Service:

All partners must maintain a fully stocked humidor at all times. We will provide you with your monthly restock. We will also provide you with free shipping for all orders that meet our minimum quantity. All partners are required to place restock orders on a monthly basis to ensure a fully stocked humidor. If a location doesn't require a restock order that month, simply send us a photo providing us proof that all skus are full. You agree to maintain sales of at least 100 cigars per month. We may remove the humidor any time. All noncompliant partners are subject to a service charge.

The Satisfaction:

We agree to guarantee the performance of the humidor in your store with 100% money back for the cigars that have been paid for minus shipping costs. You agree to maintain sales of at least 100 cigars per month. We may remove the humidor any time.

Cancellation & Security Deposit:

If you cancel within the first 6 months we will provide you with a 100% money back guarantee. The security deposit is there to ensure the protection of CigarBros Humidors. A 20% restocking fee will be applied to all program cancellations after 6 months

By signing below, you agree to the terms of the agreement.

26. Customer's Signature for Terms & Conditions



MARKETING INFORMATION

| | | |
|----|--------------------------------|-------------|
| 27 | Is Location 24 Hours?: | No |
| 28 | Is Location Shopping Cntr?:: | Yes |
| 29 | Dist from Nearest Bar: | 10+M |
| 30 | Dist from Nearest Restaurant: | 2-5M |
| 31 | Dist from Nearest Golf Course: | 10+M |
| 32 | Dist from Nearest Major Hotel: | NEXT TO |
| 33 | Dist from Nearest Beach/Lake: | 10+M |
| 34 | Dist from Nearest Party Area: | 10+M |
| 35 | Dist from Nearest Highway: | NEXT TO |
| 36 | Parking Type: | PARKING LOT |
| 37 | Area Type: | PARKING LOT |
| 38 | Walking Traffic: | LIGHT |
| 39 | Car Traffic: | MEDIUM |
| 40 | Nightlife: | LIGHT |
| 41 | Vacationers: | LIGHT |

ACH AUTHORIZATION SECTION

| | | |
|----|---------------------------|-------------------------------|
| 43 | Authorized Person's Name: | Mathab Mansoor Naji Al Shayef |
| 44 | Name on Bank Account: | Colby Palace Inc |
| 45 | Address on Bank Account: | 2080 S Franklin Ave. STE 3 |
| 46 | City : | Colby |

RESALE CERTIFICATE FORM

1. I hold a valid seller's permit. See above.

2. I am engaged in the business of selling the following type of tangible personal property: **Tobacco, General Merchandise, Beverages, and Other Products**

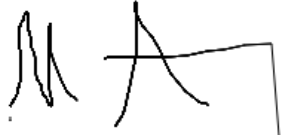
3. This certificate is for the purchase from of the item(s) I have listed in paragraph 5 below. [Vendor's name]
CigarBros

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale: **Premium Cigars, Accessories, and Other Retail Products.**

6. I have read and understand the following: For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 % of the tax or \$500, whichever is more.

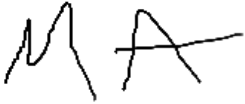

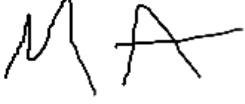

Customer's Signature for Resale Certificate:

| | | |
|----|--|---|
| 47 | State : | KS |
| 48 | Zip Code : | 67701 |
| 49 | Email for ACH Receipt: | colbyvape@outlook.com |
| 50 | Phone #: | 5179449085 |
| 51 | I Understand this Info will be Kept on File: |  |

BANK INFORMATION:

| | | |
|----|---------------------|-------------|
| 52 | Bank Name: | Wells Fargo |
| 53 | Routing #: | 111900659 |
| 54 | Account #: | 9250761690 |
| 55 | Account # (verify): | 9250761690 |

Approval Authorization:

| | | |
|----|---|---|
| 56 | 100% of the Initial Order will be Charged on Humidor Ship Date |  |
| 57 | All Restock Orders will be Charged on Ship Date |  |
| 59 | All non compliant Accounts will be Charged a \$50 Monthly Service Fee |  |
| 60 | Security deposit will be charged Upon account set up AMOUNT | 750.00  |

Approval Authorization:

| | | |
|----|----------------------|-------------|
| 61 | Humidor Type: | Single Door |
| 62 | Remote Shipping: | Yes |
| 63 | Self Install: | Yes |
| 64 | Any Customizations: | No |
| 65 | Signage Type: | Top LED |
| 66 | Accessories: | N/A |
| 67 | Requested Ship Date: | ASAP |
| 68 | Hours of Delivery: | DOH |
| 69 | Day of Delivery: | M-F |



ACH TERMS:

ELECTRONIC FUNDS TRANSFER PROGRAM
AGREEMENT PREAUTHORIZATION FOR CIGARBROS
USA, INC INITIATED DEBITS / CREDITS

Authorization:

You (the "Retailer"), the undersigned direct buying customer hereby authorizes (i) CigarBros USA Inc (the "Supplier") to originate debit/credit entries by ACH to the direct buying customer's bank account, indicated below, and (ii) the Depository institution named below, (the "Bank"), to accept and to debit/credit the amount of such entries to the direct buying customer's account.

Bank Name:

Debit/Credit entries will be initiated by the Company through Bank of America

Payable To:

CigarBros USA, Inc.

Blanket Authorization:

This authorization is in effect on the date signed on this agreement and will remain in effect until you (the "Retailer") revoke it. You understand that you can revoke this authorization at any time.

Cancellation:



Cancellation of this authority shall occur (30) days after the Company and Customer's Bank each shall have received written notification from the Direct Buying Customer of termination of such authority

Customer's Signature for ACH Agreement:



SHIPMENT INFORMATION (OFFICE ONLY)

| | |
|--------------------|--|
| Account Number: | |
| Humidor ID Number: | |
| | |

| | | |
|---|--------------------------|---|
| 70 | Entrance Type/Size: | SD |
| 71 | Special Instructions: | LD or RD |
| SHIPMENT INFORMATION (OFFICE ONLY) | | |
| 1 | Agreement Prepared By: | AM |
| | Signature & Date: |  2025-04-29 |
| 2 | Customer Full Name: | Mathab Mansoor Naji Al Shayef |
| | Signature & Date: |  2025-04-29 |
| 3 | Agreement Authorized By: | |
| | Signature & Date: | |
| 4 | Order Completed By: | |
| | Signature & Date: | |

| | |
|-----------------------|--|
| Invoice Number: | |
| Date of Installation: | |
| Freight Company: | |
| BOL Number: | |

IMPORTANT RECEIVING INSTRUCTIONS!

We will ship your humidor in a pallet with a 3rd party trucking company. The humidor is approx 300lbs and is large. Please have help available to remove the humidor from the pallet, THE DRIVER WILL NOT HELP WITH THE INSTALLATION.

DO NOT REJECT THE PALLET OR YOU WILL BE RESPONSIBLE FOR THE RE-SHIPMENT COSTS.

Thank you for your understanding. For questions call us at 619-510-2377.

CigarBros®

ACCESSORIES

HEIGHT: 30"
WIDTH: 20"
DEPTH: 11"

FRONT SIDE



20 Vector Cutter 62
14 Vector V-Cut
20 Vector Cutter 80
20 Vector X-Metal
20 Vector Cutter Rest
23 Premium Lighters
6 Premium Cutters
9 Vector Butane

BACK SIDE



Boveda

50 Boveda 8gr 62%
50 Boveda 8gr 69%
50 Boveda 8gr 72%
12 Boveda 67gr 62%
12 Boveda 60gr 69%
12 Boveda 60gr 72%
12 Boveda Small Bags
12 Boveda Medium Bags
6 Boveda 10ct 8gr 62%

PRICE: \$1,576.88

Matthew Alshouse

if you would like the Vector/Boveda stocked display, please select yes or no: yes

Uploaded Tobacco License:

[View PDF](#)



DRIVER LICENSE



ALABAMA



NO. 10420704

CLASS D

D.O.B. 01-07-1987

EXP 06-09-2026

MATHAB MANSOOR NAJI
AL SHAYEF

111 HORIZON VIEW CT
MADISON AL 35758-8005

ENDORSEMENTS

ISS 02-15-2024

REST

SEX M

HT 5-04

EYES BLK

WT 151

HAIR BLK

Mathab Alshayef

Secretary Hal Taylor
Secretary of Law Enforcement

This is your Retail Cigarette/Electronic Cigarette Dealer's License. For change of location or request for a duplicate license, please contact Cigarette and Tobacco Tax at 785-368-8222. Select option five, then option four, then option one, or email kdor_cigtob@ks.gov.

COLBY PALACE INC
COLBY VAPE & TOBACCO
3314 BOB WALLACE AVE SW

HUNTSVILLE, AL 35805

KANSAS DEPARTMENT OF REVENUE
Division of Taxation
Retail Cigarette/Electronic Cigarette Dealer's License



COLBY VAPE & TOBACCO
COLBY PALACE INC
2080 S FRANKLIN AVE

COLBY, KS 67701

Year: 2024-2025
License No: RD012654
on and after January 25, 2024
to and including December 31, 2025

This license shall be posted in a conspicuous place.

Should you decide to close, sell your business or cease selling cigarette products, please complete the information requested below and return the license.

DISCONTINUATION OF BUSINESS

To cancel your license, sign below and indicate the date the business ceased selling cigarette products. Mail the license to Kansas Department of Revenue, Cigarette and Tobacco Tax, PO Box 750680 Topeka, KS 66625-0680. If you have any questions or need additional assistance, please contact our office at 785-368-8222. Select option five, then option four, then option one from 8:00 a.m. to 4:45 p.m., Monday through Friday, or email us at: kdor_cigtob@ks.gov.

Date business ceased selling cigarette products under this ownership _____

Signature of Owner, Partner or Principal Officer

Date

Phone Number

RCECCERT

090120

Uploaded Seller Permit:

This is your Retail Cigarette/Electronic Cigarette Dealer's License. For change of location or request for a duplicate license, please contact Cigarette and Tobacco Tax at 785-368-8222. Select option five, then option four, then option one, or email kdor_cigtob@ks.gov.

COLBY PALACE INC
COLBY VAPE & TOBACCO
3314 BOB WALLACE AVE SW

HUNTSVILLE, AL 35805

KANSAS DEPARTMENT OF REVENUE
Division of Taxation
Retail Cigarette/Electronic Cigarette Dealer's License



COLBY VAPE & TOBACCO
COLBY PALACE INC
2080 S FRANKLIN AVE

COLBY, KS 67701

Year: 2024-2025
License No: RD012654
on and after January 25, 2024
to and including December 31, 2025

This license shall be posted in a conspicuous place.

Should you decide to close, sell your business or cease selling cigarette products, please complete the information requested below and return the license.

DISCONTINUATION OF BUSINESS

To cancel your license, sign below and indicate the date the business ceased selling cigarette products. Mail the license to Kansas Department of Revenue, Cigarette and Tobacco Tax, PO Box 750680 Topeka, KS 66625-0680. If you have any questions or need additional assistance, please contact our office at 785-368-8222. Select option five, then option four, then option one from 8:00 a.m. to 4:45 p.m., Monday through Friday, or email us at: kdor_cigtob@ks.gov.

Date business ceased selling cigarette products under this ownership _____

Signature of Owner, Partner or Principal Officer

Date

Phone Number

RCECCERT

090120