



2264 Silas Deane Highway Rocky Hill, CT. 06067  
Toll Free: 855-249-7627 Fax: 855-286-3122  
www.AdvanceSmart.com

### Advance Smart Application for Financing

Date: 2/10/2020 Sales Rep # \_\_\_\_\_ Sales Rep Name: Giovanni

#### Applicant Information

Legal Business Name: Chenal Valley Travel  
Doing Business As: West Rock Travel  
Physical Address: 8201 Cantrell Rd. #230  
City, State, Zip: Little Rock, AR 72227 Federal Tax ID: 20-1805349  
Telephone No: 501-224-1551 Own/Lease: ☐ Own ☒ Lease  
Facsimile No: 501-224-1071 E-Mail: \_\_\_\_\_  
Accountant: Bruce Wittenberg Accountant's Phone: 626-337-6138

Legal Entity Type: ☒ Corporation ☐ Limited Liability Company  
☐ General Partnership ☐ Limited Partnership ☐ Sole Proprietorship  
Business start date under current ownership: 4/01/2001 State of Incorporation/Organization: Arkansas

Type/Description of Business: Travel Agency

Additional location address if any: \_\_\_\_\_

Landlord/Mortgage Co: Colliers, International Telephone No: 501-372-6161

Current Term: From: 1/01/2010 To: 1/01/2022 Monthly Pmt \$: 3100

Option to Renew: # of Options: 2 Years: 5 Payment Current?: ☒ Yes ☐ No

Business location Rented or Mortgage: Rent # of employees: 13

Last 4 months sales volume: Gross: \$ \_\_\_\_\_ # of deposits \_\_\_\_\_ # of negative days \_\_\_\_\_

Previous Tax Return Gross \$ 3,303,762.00 V&MC \$ \_\_\_\_\_ # of tickets \_\_\_\_\_ American Express \$ \_\_\_\_\_

Is Your Business Seasonal?: ☐ Yes ☒ No Month High Season Begins and Ends: January to October

Name of Your Credit Card Processor: FIS Telephone No: 800-552-5828

# of Credit Card Terminals at this Location: 1 Does the Applicant have Multiple Merchant Accounts: ☐ Yes ☒ No

Name of P.O.S. if Any: \_\_\_\_\_ P.O.S. Vendor Phone No: \_\_\_\_\_

Has Applicant or any of its Affiliates ever been in Bankruptcy?: ☐ Yes ☒ No State: \_\_\_\_\_

Are any Judgments, Suits or Liens Pending against the Applicant?: ☐ Yes ☒ No

#### Financing Information

Desired Amount: \$ 50,000 to \$75,000 Minimum Amount of the Request: \$ 50,000

Purpose of Proceeds: working capital

Does the Applicant Currently have Outstanding Advance with other Cash Advance/Funding Companies?: ☒ Yes ☐ No

Name of the Cash Advance Company: Quaterspot Date of Funding: \_\_\_\_\_

Original Funding Amount: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Daily Payment: \_\_\_\_\_



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Does the Applicant Currently have Outstanding Loan with Traditional Banks/SBA Lender? : ☐ Yes ☒ No  
Name of the Bank: \_\_\_\_\_ Date of Loan: \_\_\_\_\_  
Original Loan Amount: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Due Date: \_\_\_\_\_

#### Banking Information

Name of the Bank: Centennial Bank  
Routing Number: 082902757 Account Number: 123153  
Contact Name: Tyler Choate Contact Phone No: 501-603-3865

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Advance Smart, LLC 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 transactions, including without limitation 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 and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Advance Smart, LLC 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 Advance Smart, LLC and to each of the Recipients, on its own behalf.

#### Principal #1

Name: Mark Schlesinger Date of Birth: 3/20/59  
Title: President Social Security Number: 431-11-8133  
Residence Address: 11 La Scala Crt. Residence Phone: \_\_\_\_\_  
City, State, ZIP: Little Rock, AR 72212 Cell Phone: 626-688-1414  
Length at Residence: 11 Years        Months Ownership Percentage: 100 %  
Signature: [Signature] Date: 2/10/2020

#### Principal #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Length at Residence: \_\_\_\_\_ Years \_\_\_\_\_ Months Ownership Percentage: 1 %  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_