



Direct Line:

Fax:

Email:

Rep Name :

*** BUSINESS INFORMATION**

| | | | |
|---|--|------------------------|----------------|
| Legal/Corporate Name | | DBA | |
| Physical Address | | City | State Zip Code |
| Mailing Address (If different from physical address) | | City | State Zip Code |
| Telephone Number () - | Date Business Started (mo/day/yr) / / | State of Incorporation | Federal Tax ID |
| Fax Number () - | Hours of Operation | Product/Service Sold | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other | | Email Address | |
| Type of Business (Select One) | | Website Address | |
| <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other | | | |

*** MERCHANT/OWNER INFORMATION**

| | | | | | |
|-------------------------------------|-------------------------------|----------------------------|-------|---|-------------|
| Corporate Officer/Owner Name | | Title | | Length of Ownership Years and Months | |
| Home Address | | City | State | Zip Code | Ownership % |
| Date of Birth (mth/day/year) / / | Social Security Number - - | Home Phone Number () - | | Cell Phone Number () - | |

*** PARTNER INFORMATION**

| | | | | | |
|-------------------------------------|-------------------------------|----------------------------|-------|---|-------------|
| Corporate Officer/Owner Name | | Title | | Length of Ownership Years and Months | |
| Home Address | | City | State | Zip Code | Ownership % |
| Date of Birth (mth/day/year) / / | Social Security Number - - | Home Phone Number () - | | Cell Phone Number () - | |

*** BUSINESS PROPERTY INFORMATION**

| | | | |
|------------------------------------|--------------------------------------|--------------------------------|--|
| Own/Lease | Time at This Location Years Month | Monthly Rent or Mortgage \$ | Date Lease Ends(month/day/year) / / |
| Business Landlord or Mortgage Bank | Contact Name and/or Account No. | | Office/Mobile Number () - |

*** BUSINESS TRADE REFERENCES**

| | | | |
|---------------|------------------------------------|-----------------------|---------------------|
| Business Name | Contact or Account Number () - | Phone Number () - | Fax Number () - |
| Business Name | Contact or Account Number () - | Phone Number () - | Fax Number () - |
| Business Name | Contact or Account Number () - | Phone Number () - | Fax Number () - |

*** OTHER INFORMATION**

| | | | |
|--|---|---|--|
| Current Processing Company | No. of term | Average Monthly Credit Card \$ Sales | Average Monthly Total Sales (Cash, Check and Credit) \$ |
| Requested Funding Amount \$ | Requested Daily Withhold Credit card receipts) | Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A | |
| Prior/Current Cash Advance Comp (if applicable) | Current Balance \$ (if applicable) | Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: | |
| Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: | | Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: | |

Applicant authorizes POWERLINE FUNDING its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from

Applicant's Signature _____ Date _____ Co-Signature _____ Date _____