

POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

Direct Line: 404-891-9833
Fax: 404-891-0162
Email: DCruz@PowerlineFunding.Com
Rep Name: Dan Cruz

*** BUSINESS INFORMATION**

Legal/Corporate Name DDL Enterprise		DBA SOS Auto Service	
Physical Address 50 North Lowry St		City Smyrna	State TN
Mailing Address (if different from physical address)		City	Zip Code 37167
Telephone Number (615) 223 - 6720	Date Business Started (mo/day/yr) 02 / 01 / 2010	State of Incorporation	Federal Tax ID 27-1977610
Fax Number () -	Hours of Operation 7:30am-5pm	Product/Service Sold Auto Repair	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" 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 John Gilbert		Title Owner	Length of Ownership 4 Years and 4 Months	
Home Address 683 hollandale RD		City Javergn	State TN	Zip Code 37086
Date of Birth (mth/day/year) 07 / 07 / 1963	Social Security Number 001 - 54 - 9903	Home Phone Number () -		Cell Phone Number (615) 440 - 7287

*** PARTNER INFORMATION**

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

*** BUSINESS PROPERTY INFORMATION**

Own/Lease Lease	Time at This Location 4 Years 4 Month	Monthly Rent or Mortgage \$ 2500	Date Lease Ends (month/day/year) 06 / 16 / 2014
Business Landlord or Mortgage Bank Gary Tentenny			Office/Mobile Number (615) 893 - 1195

*** BUSINESS TRADE REFERENCES**

Business Name	Contact or Account Number	Phone Number	Fax Number
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*** OTHER INFORMATION**

Current Processing Company National Merchant Services	No. of term 2	Average Monthly Credit Card \$ 10,000	Average Monthly Total Sales (Cash, Check and Credit) \$ 20K - 30k
Requested Funding Amount \$ 10,000	Requested Daily Withdrawal 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 <u>N/A</u>	
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 checked="" type="checkbox"/> No Details:	
Any open State/Federal Tax Liens Against Business or Owner?		Any Lawsuits or Judgments Pending against Business or Owner?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:	

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

Applicant's Signature John Gilbert Date 6.16.2014 Co-Signature _____ Date _____