



**POWERLINE FUNDING**  
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name : Dan Cruz

**BUSINESS INFORMATION**

Legal/Corporate Name <u>Pro Serv Industries</u>		DBA <u>Pool Pro</u>	
Physical Address <u>1035 Gateway Blvd Ste 202</u>		City <u>Boynton Beach</u>	State <u>FL</u> Zip Code <u>33426</u>
Mailing Address (if different from physical address)		City	State Zip Code
Telephone Number <u>(561) 819-9895</u>	Date Business Started (mo/day/yr) <u>1/1/2007</u>	State of Incorporation <u>FL</u>	Federal Tax ID <u>48-2066119</u>
Fax Number <u>( )</u>	Hours of Operation <u>9-5</u>	Product/Service Sold <u>Pool Service/Repair</u>	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		E-Mail Address	
Type of Business (Select One) <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		Website Address <u>Pool Pro .com</u>	

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name <u>Keith Lewis</u>		Title <u>President</u>		Length of Ownership 7 Years and ___ Months	
Home Address <u>777 E. Atlantic</u>		City <u>Delray Beach</u>	State <u>FL</u>	Zip Code <u>33483</u>	Ownership % <u>100</u>
Date of Birth (month/day/year) <u>3/12/77</u>	Social Security Number <u>151-54-5612</u>	Home Phone Number <u>(561) 819-9295</u>		Cell Phone Number <u>(561) 900-1319</u>	

**PARTNER INFORMATION**

Corporate Officer/Owner Name		Title		Length of Ownership ___ Years and ___ Months	
Home Address		City	State	Zip Code	Ownership %
Date of Birth (month/day/year)	Social Security Number	Home Phone Number		Cell Phone Number	
<u>1/1/</u>	<u>-</u>	<u>( )</u>		<u>( )</u>	

**BUSINESS PROPERTY INFORMATION**

Own/Lease <u>Lease</u>	Time at This Location 5 Years ___ Months	Monthly Rent or Mortgage \$ <u>500</u>	Date Lease Ends (month/day/year) <u>1/1/2011</u> <u>Marked</u>
Business Landlord or Mortgage Bank <u>Greg Larkin</u>	Contact Name and/or Account No.		Office/Mobile Number <u>(305) 942-1335</u>

**BUSINESS TRADE REFERENCES**

Business Name <u>Pool Line</u>	Contact or Account Number <u>561-241-7000</u>	Phone Number <u>(561) 241-7000</u>	Fax Number <u>( )</u>
Business Name <u>Jetco</u>	Contact or Account Number <u>Jim</u>	Phone Number <u>(914) 336-0144</u>	Fax Number <u>( )</u>
Business Name <u>Surplus City</u>	Contact or Account Number <u>Jane</u>	Phone Number <u>(814) 329-4055</u>	Fax Number <u>( )</u>

**OTHER INFORMATION**

Current Processing Company <u>Vantage</u>	No. of terms <u>4</u>	Average Monthly Credit Card Sales \$ <u>4220</u>	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$ <u>60K</u>	Requested Daily Withholding % <u>9K</u> 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 Company <u>Rapid</u> (if applicable)	Current Balance \$ <u>15K</u> <u>9K</u> (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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <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 a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

Co-Signature

Date