



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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BUSINESS INFORMATION

Legal/Corporate Name Roubekas Enterprises LLC		DBA Tropical Smoothie Cafe	
Physical Address 3810 W. Neptune		City Tampa	State FL
Mailing Address (if different from physical address)		City	State
Telephone Number (813) 374-2245	Date Business Started (mo/day/yr) 11/01/2010	State of Incorporation Florida	Zip Code 33629
Fax Number (813) 374-2246	Hours of Operation 7am - 9pm	Product/Service Sold Food/smoothies	Federal Tax ID 27-1997940
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address leonroubekas@gmail.com	
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	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name Leon Roubekas		Title owner		Length of Ownership 2 Years and 11 Months	
Home Address 4207 S. Dale Mabry		City Tampa	State FL	Zip Code 33611	Ownership % 100
Date of Birth (month/day/year) 09/16/1961	Social Security Number 390-80-4702	Home Phone Number (813) 546-7556		Cell Phone Number (813) 546-7556	

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	

BUSINESS PROPERTY INFORMATION

Own/Lease Lease	Time at This Location 2 Years 11 Months	Monthly Rent or Mortgage \$ 3750.00	Date Lease Ends (month/day/year) 08/01/2015
Business Landlord or Mortgage Bank Westwood Financial	Contact Name and/or Account No. Mart. Stacks	Office/Mobile Number	

BUSINESS TRADE REFERENCES

Business Name Sysco	Contact or Account Number 602896	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 Merchant LYNX	No. of terms N/A	Average Monthly Credit Card Sales \$ 23,000	Average Monthly Total Sales (Cash, Check and Credit) \$ 34,000
Requested Advance Amount \$ 30,000	Requested Daily Withholding N/A	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 Company NewLogic	Current Balance \$ 19,500	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 investigate or consumer report from a credit bureau or a credit reporting agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature _____ Date **11/15/2013** Co-Signature _____ Date _____