



Phone 877-812-5812
Fax 404-400-1270
Email test@test.net

BUSINESS INFORMATION

Legal/Corporate Name dfg123456		DBA 123		
Physical Address		City phis city	State phis state	Zip Code phix zipc ode
Mailing Address (If different from physical address)		City phis city	State phis state	Zip Code phix zipc ode
Telephone Number 1234567	Date Business Started (mo/day/yr) 2013-09-18	State of Incorporation 12345	Federal Tax ID 12345	
Fax Number 12345	Hours of Operation 12345	Product/Service Sold 12345		
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address voicerock@yandex.ua		
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 example.com	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name name		Title title	Length of Ownership ____ Years and ____ Months		
Home Address home address		City home city	State home state	Zip Code home zip code	Ownership % 300
Date of Birth(month/day/year) 2013-09-18	Social Security Number 123456	Home Phone Number 123456		Cell Phone Number 123456	

PARTNER INFORMATION

Corporate Officer/Owner Name name		Title title	Length of Ownership ____ Years and ____ Months		
Home Address home address		City home city	State home state	Zip Code home zip code	Ownership % 300
Date of Birth(month/day/year) 2013-09-18	Social Security Number 123456	Home Phone Number 123456		Cell Phone Number 123456	

BUSINESS PROPERTY INFORMATION

Own/Lease lease	Time at This Location ____ Years and ____ Months	Monthly Rent or Mortgage \$ 100	Date Lease Ends(month/day/year) 2013-09-18
Business Landlord or Mortgage Bank 1000	Contact Name and/or Account No. 10000	Office/Mobile Number 123456	

BUSINESS TRADE REFERENCES

Business Name name	Contact or Account Number number	Phone Number numner	Fax Number faxnumber
Business Name name2	Contact or Account Number number2	Phone Number numner2	Fax Number faxnumber2

OTHER INFORMATION

Current Processing Company 1	No. of terminal 1	Average Monthly Credit Card Sales \$ 1	Average Monthly Total Sales (Cash, Check and Credit) \$ 1
Requested Advance Amount \$ 1	Requested Advance Amount credit card receipts) % 1	Highest of Volume Months (please circle months, or N/A if no seasonality) <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> N/A	
Prior/Current Cash Advance Company \$ 1	Current Balance % 1	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.

Applicant's Signature

Date

Co-Signature

Date