



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name : Dan Cruz

BUSINESS INFORMATION

Legal/Corporate Name Excellence Home Care Service		DBA	
Physical Address 904 West 7th Street Ste 102		City Reno	State NV
Mailing Address (If different from physical address)		City	State
Telephone Number (775) 737-9787	Date Business Started (mo/day/yr) 10/01/2012	State of Incorporation	Federal Tax ID 45-364117
Fax Number (775) 737-9790	Hours of Operation 9am-4pm	Product/Service Sold Home Care Services	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input 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 checked="" 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 Nicole Simpson		Title Owner		Length of Ownership 1 Years and 11 Months	
Home Address 7899 Whitfalls Ct		City Reno	State NV	Zip Code 89506	Ownership % 100%
Date of Birth (month/day/year)	Social Security Number 564-65-2617	Home Phone Number (775) 400-5887		Cell Phone Number () SAME	

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

Owner Name Nicole Simpson	Time at This Location 1 Years 11 Months	Monthly Rent or Mortgage \$ 285⁰⁰	Date Lease Ends (month/day/year) 10/01/2014
Business Landlord or Mortgage Bank Tristar INC	Contact Name and/or Account No. Angel	Office/Mobile Number (775) 848-7847	

BUSINESS TRADE REFERENCES

Business Name ARC	Contact or Account Number Megan	Phone Number (775) 331-4719	Fax Number (775) 747-8282
Business Name Reno Print Store	Contact or Account Number Wendy	Phone Number (775) 852-1602	Fax Number (775) 313-9720
Business Name Public Safety	Contact or Account Number # 151036	Phone Number (775) 684-6262	Fax Number (775) 684-6265

OTHER INFORMATION

Current Processing Company EPS	No. of terms 1	Average Monthly Credit Card Sales \$ 800⁰⁰	Average Monthly Total Sales (Cash, Check and Credit) \$ 14,000
Requested Advance Amount \$ 16,000	Requested Daily Withholding 0 %	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 (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? <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 agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

Co-Signature

Date