



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name : Ben Tanner

BUSINESS INFORMATION

Legal/Corporate Name Limitless Motorsports		DBA Car shipping Pros	
Physical Address 1201 S Lejeune Rd #201		City Coral gables	State fl Zip Code 33134
Mailing Address (if different from physical address) 8001 nw 7th st #1		City Miami	State Fl Zip Code 33126
Telephone Number (888) 3899927 x104	Date Business Started (mo/day/yr) 05/23/2011	State of Incorporation FL	Federal Tax ID 36-4702467
Fax Number (888) 214-5666	Hours of Operation 9-9 m-f s 10-4	Product/Service Sold nationwide auto shipping	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address info@myautoshippingquote.com	
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input checked="" type="checkbox"/> Business Services <input checked="" type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other		Website Address myautoshippingquote.com	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name Lienne Paez		Title ceo/president		Length of Ownership 2 Years and 4 Months	
Home Address 8001 nw 7th st #1		City miami	State fl	Zip Code 33126	Ownership % 100%
Date of Birth(month/day/year) 06221977	Social Security Number ____-____-____	Home Phone Number (305) 3337721		Cell Phone Number (305) 3337721	

PARTNER INFORMATION

Corporate Officer/Owner Name n/a		Title n/a		Length of Ownership ____ Years and ____ Months	
Home Address n/a		City n/a	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 1 Years ____ Months	Monthly Rent or Mortgage \$ 500/light incl	Date Lease Ends(month/day/year) 10/31/2013
Business Landlord or Mortgage Bank Lazaro Hernandez	Contact Name and/or Account No. Laz Hernandez	Office/Mobile Number (305) 202 4896	

BUSINESS TRADE REFERENCES

Business Name Strategic Funding	Contact or Account Number shannon	Phone Number (305) 398 7584	Fax Number (____) ____-____
Business Name Superflow Systems Tech	Contact or Account Number Mark	Phone Number (513) 870-5590	Fax Number (513) -554-0490
Business Name Valley solutions	Contact or Account Number Julie	Phone Number (513) 201-3191	Fax Number (____) ____-____

OTHER INFORMATION

Current Processing Company Chase paymenttech/square		No. of terms	Average Monthly Credit Card Sales \$ 12,000	Average Monthly Total Sales (Cash, Check and Credit) \$ 12,000
Requested Advance Amount \$ 10,000	Requested Daily Withholding 10 %	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 startegic funding (if applicable)	Current Balance \$ 1310 (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input checked="" 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.

Lienne Paez
Applicant's Signature

09/18/2013
Date

Co-Signature

Date