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**POWERLINE FUNDING**  
 ALTERNATIVE WORKING CAPITAL SOLUTIONS

 Direct Line: 404-400-1272  
 Fax: 404-400-1275  
 Email: [branner@Powerlinefunding.com](mailto:branner@Powerlinefunding.com)  
 Rep Name: Ben Tanner
**BUSINESS INFORMATION**

Owner: <b>Caesar J. Rodriguez</b>		DBA: <b>Marias Tacos</b>	
Physical Address: <b>13741 Main St</b>		City: <b>Hesperia</b>	State: <b>CA</b> Zip: <b>92345</b>
Mailing Address (if different from physical address): <b>13741 Jackson St</b>		City: <b>Hesperia</b>	State: <b>CA</b> Zip: <b>92344</b>
Telephone: <b>760-265-2380</b>	Date of Inception (month/year): <b>07/01/13</b>	State of Incorporation: <b>CA</b>	Fax: <b>46-342-7878</b>
Fax Number: _____	Hours of Operation: <b>10am-9pm</b>	Product/Service Sold: <b>Fast Food</b>	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Type of Business (Select One)		Website Address	
<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input checked="" type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name: <b>Caesar J. Rodriguez</b>		Title: <b>Owner</b>		Length of Ownership	
				Years and Months	
Home Address: <b>13741 Jackson St</b>		City: <b>Hesperia</b>	State: <b>CA</b>	Zip Code: <b>92344</b>	Ownership %: <b>100%</b>
Date of Birth (month/day/year): <b>9/4/1976</b>	Social Security Number: <b>563 76 2011</b>	Home Phone Number: <b>760-265-2380</b>		Cell Phone Number: <b>760-265-2380</b>	

**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**

Business Name: <b>Caesar J. Rodriguez LLC</b>		Time at This Location	Monthly Rent or Mortgage	Date Lease Ends (month/day/year)
		Years Months: <b>5</b>	\$ <b>2000.00</b>	
Business Lender or Mortgage Bank: <b>TILAK CHOPRA</b>		Contact Name and/or Account No.: <b>TOM CHOPRA</b>		Phone Number: <b>760 948-6600</b>

**BUSINESS TRADE REFERENCES**

Business Name	Contact or Account Number	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**

Electronic Payments		No. of terms: <b>10</b>	Average Monthly Credit Card Sales: <b>\$10,000.00</b>	Average Monthly Total Sales (Cash, Check, and Credit):
Requested Advance Amount: <b>\$20,000.00</b>		Requested Daily Withholding Highest Volume Months (please circle months, or N/A if no seasonality)		
Credit card receipts: <b>Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A</b>				
Price/Cash Advance Company: <b>n/a</b>	Current Balance: <b>\$</b>	Do you usually close the business during part of the year?		
(if applicable)	(if applicable)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:		
Any open State/Federal Tax Liens Against Business or Owner?		Any Lawsuits or Judgments Pending against Business or Owner?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:		<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 references given on and other information data obtained from applicant.

Applicant's Signature: *[Signature]*Date: **11/12/13**

Co-Signature

Date