



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name : Dan Cruz

BUSINESS INFORMATION

Legal/Corporate Name <i>HW Graham & Assoc. LLC</i>		DBA	
Physical Address <i>45 Park Way</i>	City <i>Beaufort</i>	State <i>SC</i>	Zip Code <i>29907</i>
Mailing Address (If different from physical address) <i>Same</i>		City	State
Telephone Number <i>(843) 597-7522</i>	Date Business Started (mo/day/yr) <i>4.1.11</i>	State of Incorporation <i>SC</i>	Federal Tax ID <i>45-1581631</i>
Fax Number () - - - - -	Hours of Operation	Product/Service Sold <i>Management Consulting</i>	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		E-Mail Address <i>Howard-graham@hotmail.com</i>	
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 <i>Howard Graham</i>		Title <i>Managing Member</i>		Length of Ownership <i>3</i> Years and <i>1</i> Months	
Home Address <i>45 Park Way</i>		City <i>Beaufort</i>	State <i>SC</i>	Zip Code <i>29907</i>	Ownership % <i>100</i>
Date of Birth (month/day/year) <i>3.17.1970</i>	Social Security Number <i>184-64-4620</i>	Home Phone Number <i>(843) 522-9096</i>		Cell Phone Number <i>(843) 597-7522</i>	

PARTNER INFORMATION

Corporate Officer/Owner Name <i>N/A</i>		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 <i>N/A</i>	Time at This Location Years Months	Monthly Rent or Mortgage \$	Date Lease Ends (month/day/year) / /
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number () - - - - -

BUSINESS TRADE REFERENCES

Business Name	Contact or Account Number	Phone Number () - - - - -	Fax Number () - - - - -
Business Name	Contact or Account Number	Phone Number () - - - - -	Fax Number () - - - - -
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OTHER INFORMATION

Current Processing Company <i>N/A</i>	No. of terms	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	Requested Daily Withholding % credit card receipts	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 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