



**POWERLINE FUNDING**  
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name: Jonathan Gonzalez

**BUSINESS INFORMATION**

Legal/Corporate Name <u>A. Rego Jr. Septic Service</u>		DBA <u>A. Rego Jr. Septic Services</u>	
Physical Address <u>118 Dighton Ave</u>		City <u>Portsmouth</u>	State <u>RI</u>
Mailing Address (if different from physical address) <u>N/A</u>		City <u>N/A</u>	Zip Code <u>02871</u>
Telephone Number <u>(401) 847-3240</u>	Date Business Started (mo/day/yr) <u>6-1-1975</u>	State of Incorporation	Federal Tax ID <u>46-0597552</u>
Fax Number <u>( ) - ( ) - ( )</u>	Hours of Operation <u>7-5pm</u>	Product/Service Sold <u>septic services</u>	
<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 <u>a.rego.septic.service@gmail.com</u>	
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 <u>N/A</u>	

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name <u>Anthony Rego Jr.</u>		Title <u>Owner</u>		Length of Ownership <u>6</u> Years and <u> </u> Months	
Home Address <u>118 Dighton Ave</u>		City <u>Portsmouth</u>	State <u>RI</u>	Zip Code <u>02871</u>	Ownership % <u>100</u>
Date of Birth (month/day/year) <u>10-25-1963</u>	Social Security Number <u>036-44-8734</u>	Home Phone Number <u>(401) 683-0073</u>		Cell Phone Number <u>(401) 256-2391</u>	

**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**

Own/Lease <u>Lease</u>	Time at This Location <u>39</u> Years <u> </u> Months	Monthly Rent or Mortgage <u>\$ 750.00</u>	Date Lease Ends (month/day/year) <u>1 1 none</u>
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number (____) ____-____

**BUSINESS TRADE REFERENCES**

Business Name <u>A-1 Paving</u>	Contact or Account Number <u>Andy Shucky</u>	Phone Number <u>(401) 683-8383</u>	Fax Number (____) ____-____
Business Name	Contact or Account Number	Phone Number	Fax Number
Business Name	Contact or Account Number	Phone Number	Fax Number

**OTHER INFORMATION**

Current Processing Company <u>Priority Payments</u>	No. of terming <u>1</u>	Average Monthly Credit Card Sales <u>\$ 7,500.00</u>	Average Monthly Total Sales (Cash, Check and Credit) <u>\$ 7,500.00</u>
Requested Advance Amount <u>\$ 5,000.00</u>	Requested Daily Withholding <u>?</u>	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr <u>May</u> <u>June</u> <u>July</u> <u>Aug</u> <u>Sep</u> <u>Oct</u> Nov Dec N/A	
Prior/Current Cash Advance Company <u>N/A</u>	Current Balance <u>\$ N/A</u>	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 agents, brokers or financial institutions to obtain and investigate or consumer report from a credit bureau or a credit agency and to investigate the references given or any other statement or data obtained from applicant.

Applicant's Signature

Date

3/14/14

Co-Signature

Date