



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name : Dan Cruz

BUSINESS INFORMATION

Legal/Corporate Name PREMIER Family Physicians PC		DBA		
Physical Address 1577 Route 75, Ste 100		City Somerset	State MA	Zip Code 08873
Mailing Address (if different from physical address) same		City	State	Zip Code
Telephone Number 781-245-9900	Date Business Started (mo/day/yr) 11/15/2001	State of Incorporation 11/2001	Federal Tax ID 223823525	
Fax Number 781-246-9910	Hours of Operation 8:30 - 5:30	Product/Service Sold HEALTH CARE		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		E-Mail Address pfpr1577@gmail.com		
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other		Website Address pfpfamily.com		

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name Euton M. LANG MD		Title OWNER	Length of Ownership 13 Years and 0 Months	
Home Address 15 Angela Ct		City Piscataway	State MA	Zip Code 08854
Date of Birth (month/day/year) 12/12/1961		Social Security Number 127-62-1991	Home Phone Number 732-639-6991	Cell Phone Number 732-558-2240

PARTNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code
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 2 Years 0 Months	Monthly Rent or Mortgage \$ 3500.00	Date Lease Ends (month/day/year) 07/01/2022
Business Landlord or Mortgage Bank Somerset Venture		Contact Name and/or Account No. Deborah Pataol	Office/Mobile Number () () () () () ()

BUSINESS TRADE REFERENCES

Business Name Beal Medical	Contact or Account Number	Phone Number	Fax Number
Business Name Stephens	Contact or Account Number	Phone Number	Fax Number
Business Name Amazon	Contact or Account Number	Phone Number	Fax Number

OTHER INFORMATION

Current Processing Company	No. of termine	Average Monthly Credit Card Sales \$ 3500.00	Average Monthly Total Sales (Cash, Check and Credit) \$ 65,000.00
Requested Advance Amount \$ 50,000	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 SWIFT CAPITAL (if applicable)	Current Balance \$ 35,000.00 (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 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 **5.15.14** Co-Signature _____ Date _____