



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name : Luis Martinez

BUSINESS INFORMATION

Legal/Corporate Name Pink Pilates Inc		DBA Wayne Martin Fitness	
Physical Address 5925 Alameda		City Houston	State TX Zip Code 77004
Mailing Address (if different from physical address) 5927 Alameda #22002		City Houston	State TX Zip Code 77004
Telephone Number 281.802.7264	Date Business Started (month/year) 11.19.2010	State of Incorporation TX	Federal Tax ID 26-4692663
Fax Number 1-1-1-1-1-1-1-1-1-1	Hours of Operation 5:30am-230pm	Product/Service Sold Fitness Services	
<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 lwayne.martin@waynefitness.com	
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input checked="" type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other		Website Address www.waynemartinfitness.com	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name WAYNE MARTIN		Title Owner		Length of Ownership Years and 4 Months	
Home Address 5927 Alameda #22002		City Houston	State TX	Zip Code 77004	Ownership % 100
Date of Birth (month/day/year) 07/23/1960	Social Security Number 960-39-1900	Home Phone Number () - - - - -		Cell Phone Number 281.802.7264	

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 Lease	Time at This Location 4 Years 4 Months	Monthly Rent or Mortgage \$ 0	Date Lease Ends (month/day/year) 1 / 1 / N/A
Business Landlord or Mortgage Bank N/A	Contact Name and/or Account No. N/A	Office/Mobile Number () - - - - -	

BUSINESS TRADE REFERENCES

Business Name Healing Points	Contact or Account Number Rachel Ekoth	Phone Number 281.692.7242	Fax Number () - - - - -
Business Name Exclusive Skin	Contact or Account Number Taxi Outlay	Phone Number 832.424.8647	Fax Number () - - - - -
Business Name Holistic Medical	Contact or Account Number Pam Atkin	Phone Number 713.550.9611	Fax Number () - - - - -

OTHER INFORMATION

Current Processing Company Minibox Processing	No. of terms 1	Average Monthly Credit Card Sales \$ 5745	Average Monthly Total Sales (Cash, Check, and Credit) \$ 8424.55
Requested Advance Amount \$ 100,000 UK	Requested-Daily Withholding credit card receipts	Highest Volume Months (please circle months, or N/A if no seasonality) Jan 0 Feb 0 Mar 0 Apr 0 May 0 June 0 July 0 Aug 0 Sept 0 Oct 0 Nov 0 Dec 0 N/A	
Prior/Current Cash Advance Company Max Advance	Current Balance \$	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 to assign, agents, bank or financial institutions to obtain and investigate 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
[Signature]

Date
3.16.2014

Co-Signature
[Signature]

Date
3.16.2014