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 Rep Name Ben Tanner

BUSINESS INFORMATION

Legal/Corporate Name Ritz Express Medical LLC		DBA Ritz Mobile Diagnostic Imaging	
Physical Address 3648 Old Denton Rd, Ste 110		City Carrollton	State TX
Mailing Address (If different from physical address) As Above		City	State
Telephone Number 972-325-5855	Date Business Started (mo/day/yr)	State of Incorporation Texas	Federal Tax ID 90-0356981
Fax Number 888-284-5921	Hours of Operation 9 to 5	Product/Service Sold Medical Services	
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address expressmedcenter@live.com	
Type of Business (Select One) <input checked="" 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 www-express-medicalcenter.net	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name Ali Rizvi		Title Director	Length of Ownership Years and Months	
Home Address 1520 Blue Mesa Rd		City Carrollton	State TX	Zip Code 75007
Date of Birth (month/day/year) 1-4-1968	Social Security Number 320-76-6718	Home Phone Number	Cell Phone Number 972-741-7764	

PARTNER INFORMATION

Corporate Officer/Owner Name Rehana Rizvi		Title Director	Length of Ownership Years and Months	
Home Address 1521 Mapleview Dr		City Carrollton	State TX	Zip Code 75007
Date of Birth (month/day/year) 6/10/1965	Social Security Number 404-73-8232	Home Phone Number	Cell Phone Number	

BUSINESS PROPERTY INFORMATION

Own/Lease Own	Time at This Location 1 Years and 3 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 Yes International	Contact or Account Number yousuf	Phone Number 214-343-3786	Fax Number
Business Name Absolute Medical	Contact or Account Number Ashley	Phone Number 845-507-2629	Fax Number

OTHER INFORMATION

Current Processing Company	No. of terminal	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	Requested Advance Amount credit card receipts %	Highest of Volume Months (please circle months, or N/A if no seasonality) <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> N/A	
Prior/Current Cash Advance Company \$	Current Balance %	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.

Ali Rizvi
 Applicant's Signature

6/24/14
 Date

Rehana Rizvi
 Co-Signature

6/24/14
 Date