



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name: Dan Cruz

BUSINESS INFORMATION

Legal/Corporate Name Detroit Arms LLC		DBA Detroit Arms	
Physical Address 31733 23 Mile		City Cheslerfield	State MI
Mailing Address (if different from physical address)		City	State
Telephone Number (586) 558-5300	Date Business Started (mo/day/yr) 09/11/2007	State of Incorporation MI	Federal Tax ID 20-8816590
Fax Number () - () - ()	Hours of Operation By Appointment	Product/Service Sold Firearm Training	
<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 Sales@detroitarms.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.detroitarms.com	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name James Hankins		Title President	Length of Ownership <input checked="" type="checkbox"/> Years and <input type="checkbox"/> Months	
Home Address 53313 Forestalade		City Cheslerfield	State MI	Zip Code 48047
Date of Birth (month/day/year) 11/16/1965	Social Security Number 515-68-0545	Home Phone Number (586) 116-1808	Cell Phone Number (586) 764-2945	

PARTNER INFORMATION

Corporate Officer/Owner Name Doreen Hankins		Title Vice President	Length of Ownership <input checked="" type="checkbox"/> Years and <input type="checkbox"/> Months	
Home Address 53313 Forestalade		City Cheslerfield	State MI	Zip Code 48047
Date of Birth (month/day/year) 08/18/1966	Social Security Number 302-88-5015	Home Phone Number (586) 116-1808	Cell Phone Number (586) 949-1481	

BUSINESS PROPERTY INFORMATION

Own/Lease Lease	Time at This Location 7 Years <input type="checkbox"/> Months	Monthly Rent or Mortgage \$ 900.00	Date Lease Ends (month/day/year) 09/01/2014
Business Landlord or Mortgage Bank Steve Marques	Contact Name and/or Account No. Steve Marques - Gutter	Office/Mobile Number (586) 949-4669	

BUSINESS TRADE REFERENCES

Business Name Kroll Corp.	Contact or Account Number Armen Chokhob	Phone Number (800) 359-6512	Fax Number (800) 359-9221
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 Merchant Warehouse	No. of terms 1	Average Monthly Credit Card Sales \$ 10,000	Average Monthly Total Sales (Cash, Check and Credit) \$ 10,000
Requested Advance Amount \$ 10,000	Requested Daily Withholding Highest Volume Months (please circle months, or N/A if no seasonality) 10 credit card receipts Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec N/A		
Prior/Current Cash Advance Company Business Financial Svc (if applicable)	Current Balance \$ 0 (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 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 **6/4/14** Co-Signature **[Signature]** Date **6/4/2014**