

Phone Fax

404-400-1279 404-400-1270

Email emercado@powerlinefunding.com Rep Name Elliot Mercado

BUSINESS INFORMATION

| DOOM AND ONC MANAGEN | | | | |
|---|---|----------------------------|------------------------|--------------------------|
| Legal/Corporate Name GRH EN FURNSES | staponses | DBA SAMe | | |
| Physical Address 312 NORBIKSTUNITE | STUNTE | ANOSMA AID | State | Zip Code 8001 (|
| Mailing Address (If different from physical address) | | City | State | Zip Code |
| Telephone Number | Date Business Started (mo/day/yr) $\delta(200)$ | State of incorporation | Federal Tax ID 36-4 | deral Tax ID 子とつ(で8)ル |
| Fax, Number 366-5400 H | Hours of Operation | Product/Service Sold ~ [] | GNSDA | TMNSPATIATION |
| Type of Entity (Select One) □Sole Proprietorship □Partnership □Corporation XILC □Other | tion } LLC □Other | Email Agence () What | to Yal | Brotte Pahon-Com |
| Type of Business (Select One) □Retail □Wholesale XBusiness Services □Consumer Services □Restaurant/Bar □Other | ısumer Services □Restaurı | ant/Bar □Other | Website/Addres | Website/Address |
| | | | | |

MERCHANT/OWNER INFORMATION

| Date, of Birth (month/day/year) Sc | Home Sadgess S. Wolklaw C. | Corperate Officer/Owner/Name Dweth |
|------------------------------------|----------------------------|--|
| Social Security Number 108 | ~] | |
| Home Phone Number | HUVOR State | Title BUW2 |
| Cell Phone Number | Zip.Code 15 | Length of Ownership Syears and Months |
| | Ownership % | onths |

PARTNER INFORMATION

| City State | Corporate Officer/Owner Name | | Title | | Length of Ownership | |
|--|-------------------------------|------------------------|--------|-------------|---------------------|-------------|
| City State | : | | | | Years andMo | nths |
| | Home Address | | City | | Zip Code | Ownership % |
| Date of Birth(month/day/year) Social Security Number Home Phone Number Cell Phone Number | Date of Birth(month/day/year) | Social Security Number | Home I | hone Number | Cell Phone Number | |

BUSINESS PROPERTY INFORMATION

| Business Landlord or Mongage Benk Contact | Own/Lease (LOS). Time at |
|---|--|
| Name and of Account No. | e at This Location Years and \(\int \) Months |
| ÷ | Monthly Rent or Mortgage |
| Office/Mobile Number 7784 | Date Lease Finds(month/day/year) |

BUSINESS TRADE REFERENCES

| | Bosiness Mame Alich | Business Mame nak |
|---|---------------------------|---------------------------|
| _ | Contact of Account Number | Contact or Accidat Number |
| | Ph | الح |
| | Phone Number Fa | Phone Number |
| | Fax Number | 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 $\mathcal{F}_{\mathcal{F}}$ | Requested Advance Amount credit card receipts) % | .Highest of 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 | nths, or N/A if no seasonality) □Aug □Sep □Oct □Nov □Dec □N/A |
| Prior/Current Cash Advance Company \$ | ompany Current Balance % | ce Do you usually close the business during part of the year? □Yes♠No Details: | ess during part of the year? |
| Any open State/Federal Tax Liens Against Business or Owner- Tes known Details: | ens Against Business or Owne | | Any Lawsuits or Judgments Pending against Business or Owner? |

Applicant authorizes Powerline Funding its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit jureau or a credit jureautor and to investigate the references given on any other statement or data obtained from applicant.

Co-Signature

Date