



**POWERLINE FUNDING**  
ALTERNATIVE WORKING CAPITAL SOLUTIONS

Direct Line: 404-400-1276  
Fax: 404-400-1270  
Email: [Cally@Powerlinefunding.com](mailto:Cally@Powerlinefunding.com)  
Rep Name : Chris Ally

**BUSINESS INFORMATION**

Legal/Corporate Name		DBA	
Physical Address		City	State Zip Code
Mailing Address (If different from physical address)		City	State Zip Code
Telephone Number ( ) -	Date Business Started (mo/day/yr) / /	State of Incorporation	Federal Tax ID
Fax Number ( ) -	Hours of Operation	Product/Service Sold	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			
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

**MERCHANT/OWNER 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 ( ) - - - - -	

**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	Time at This Location Years 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	Contact or Account Number	Phone Number ( ) - - - - -	Fax Number ( ) - - - - -
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	No. of terms	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	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 (if applicable)	Current Balance \$ (if applicable)	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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Signature \_\_\_\_\_ Date \_\_\_\_\_