



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

Direct Line: 404-891-9833

Fax: 404-891-0152

Email: Dcruz@Powerlinefunding.com

Rep Name: Dan Cruz

BUSINESS INFORMATION

Legal/Corporate Name J & W Florist LLC		DBA your friend in flowers	
Physical Address 4026 W. Mercury Blvd		City Hampton	State Va
Mailing Address (if different from physical address)		City	State
Telephone Number 757.827.0778	Date Business Started (month/year) 01/01/2013	State of Incorporation Va	Zip Code 23666
Fax Number 757.827.7555	Hours of Operation M-F 9-5 SAT	Product/Service Sold Fresh/Silk Flowers Events	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		Federal Tax ID 900996409	
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		E-Mail Address yourfriendinflowers@gmail.com	
		Website Address yourfriendinflowers.com	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name Jeff Seery		Title owner		Length of Ownership 1 Years and 5 Months	
Home Address 623 Henricus Rd		City Newport News	State Va	Zip Code 23601	Ownership % 100
Date of Birth (month/day/year) 05/25/1964	Social Security Number 22513-2078	Home Phone Number (757) 921-6117		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 Lease	Time at This Location 8 Years 0 Months	Monthly Rent or Mortgage \$ 1040.00	Date Lease Ends (month/day/year) 09/01/2015
Business Landlord or Mortgage Bank WR DeKins	Contact Name and/or Account No. MR DeKins	Office/Mobile Number (804) 642-3949	

BUSINESS TRADE REFERENCES

Business Name Ray Houff	Contact or Account Number 8994	Phone Number (800) 755-7691	Fax Number () () () () () ()
Business Name Full Pot	Contact or Account Number ROBIN	Phone Number (954) 568-4467	Fax Number (954) 568-4463
Business Name Lahaina's	Contact or Account Number EARNEST	Phone Number (858) 543-2102	Fax Number () () () () () ()

OTHER INFORMATION

Current Processing Company TEC FLOW	No. of terms 1	Average Monthly Credit Card Sales \$ 10,000.00	Average Monthly Total Sales (Cash, Check and Credit) \$ 14,000.00
Requested Advance Amount \$10,000.00	Requested Daily Withholding N/A	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 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
5/16/14

Co-Signature

Date