



POWERLINE FUNDING
ALTERNATIVE WORKING CAPITAL SOLUTIONS

Direct Line: 404-400-1272
Fax: 404-400-1270
Email: Btanner@Powerlinefunding.com
Rep Name : Ben Tanner

BUSINESS INFORMATION

Legal/Corporate Name SKYHAWK COMPANIES		DBA	
Physical Address 12241 NICOLLET AVE		City LAKEVILLE	State MN Zip Code 55337
Mailing Address (if different from physical address)		City	State Zip Code
Telephone Number (952) 236-7452	Date Business Started (mo/day/yr) 06/29/2011	State of Incorporation MN	Federal Tax ID 45-2650150
Fax Number (952) 236-7493	Hours of Operation 8-5 M-F	Product/Service Sold RESIDENTIAL CONSTRUCTION + PLUMBING	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address FRANK@SKYHAWKCO.COM	
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input checked="" type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			Website Address WWW.SKYHAWKCO.COM

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name FRANK W. DELAHANTY		Title OWNER	Length of Ownership 2 Years and 4 Months	
Home Address 12665 DOVER DR		City APPLE VALLEY	State MN Zip Code 55124	Ownership % 50%
Date of Birth(month/day/year) 05/19/1959	Social Security Number 572.86.9171	Home Phone Number (952) 381.5356	Cell Phone Number (612) 386.8667	

PARTNER INFORMATION

Corporate Officer/Owner Name JOANNE M. DELAHANTY		Title OWNER	Length of Ownership 2 Years and 4 Months	
Home Address 12665 DOVER DR		City APPLE VALLEY	State MN Zip Code 55124	Ownership % 50%
Date of Birth(month/day/year) 02/22/1957	Social Security Number 219.72.7344	Home Phone Number (952) 381.5356	Cell Phone Number (612) 386.8667	

BUSINESS PROPERTY INFORMATION

Own/Lease LEASE	Time at This Location 1 Years 10 Months	Monthly Rent or Mortgage \$ 3,102	Date Lease Ends(month/day/year) 12/31/2015
Business Landlord or Mortgage Bank NICOLLET BUSINESS CENTER		Contact Name and/or Account No. KORI DETONG	Office/Mobile Number (651) 999.5540

BUSINESS TRADE REFERENCES

Business Name MFS SUPPLY	Contact or Account Number CHRISTY HARRIS	Phone Number X5015 (800) 602-0541	Fax Number () - - - - -
Business Name CAYERING LAWN SERVICES	Contact or Account Number TIM CAYER	Phone Number (952) 212.6390	Fax Number () - - - - -
Business Name MENARDS	Contact or Account Number SEAN RUSSEK	Phone Number (612) 968.0745	Fax Number () - - - - -

OTHER INFORMATION

Current Processing Company SQUARE	No. of terms 1	Average Monthly Credit Card Sales \$ 1000	Average Monthly Total Sales (Cash, Check and Credit) \$ 100,000
Requested Advance Amount \$ 50,000	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 BIZCASH BROKER (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 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.

<u>Frank Delahanty</u>	<u>10/29/2013</u>	<u>Joanne Delahanty</u>	<u>10/29/2013</u>
Applicant's Signature	Date	Co-Signature	Date