

**POWERLINE FUNDING**  
ALTERNATIVE WORKING CAPITAL SOLUTIONS

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Rep Name: Dan Cruz

**\* BUSINESS INFORMATION**

Legal/Corporate Name Vermes Cleaners, LLC		DBA Seabreeze Laundry And Cleaners	
Physical Address 215 16th Avenue		City Jacksonville	State FL
Mailing Address (If different from physical address)		City	State
Telephone Number ( 904 ) 246 - 7646	Date Business Started (mo/day/yr) 02 / 15 / 2013	State of Incorporation	Federal Tax ID 35-2468283
Fax Number ( ) - -	Hours of Operation	Product/Service Sold Laundromat	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address	
Type of Business (Select One)		Website Address	
<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			

**\* MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name Julia Vermes		Title Owner		Length of Ownership 1 Years and 4 Months	
Home Address 1100 Seagate Apt. 39		City Neptune Beach	State FL	Zip Code 32266	Ownership % 50
Date of Birth (mth/day/year) 2 / 13 / 1947	Social Security Number 067-66-3607	Home Phone Number ( 904 ) 242 - 7133		Cell Phone Number ( ) - -	

**\* PARTNER INFORMATION**

Corporate Officer/Owner Name ZOLTAN VERMES		Title		Length of Ownership Years and Months	
Home Address BOCSKAI U. 21/1		City ALBERTIRSA, HUNGARY	State	Zip Code 2730	Ownership %
Date of Birth (mth/day/year) 07 / 12 / 1962	Social Security Number	Home Phone Number ( 904 ) 242 - 7133		Cell Phone Number ( 904 ) 242 - 5566	

**\* BUSINESS PROPERTY INFORMATION**

Own/Lease	Time at This Location Years Months	Monthly Rent or Mortgage \$2,500	Date Lease Ends (month/day/year) 12/1/12
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 term	Average Monthly Credit Card Sales	Average Monthly Total Sales (Cash, Check and Credit)
Requested Funding Amount	Requested Daily Withdrawal	Highest Volume Months (please circle months, or N/A if no seasonality)	
\$	Credit card receipts	Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Comp	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?		Any Lawsuits or Judgments Pending against Business or Owner?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:		<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's Signature

Date

Co-Signature

Date