



Direct Line:

Fax:

Email:

Rep Name :

*** 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		Email Address	
Type of Business (Select One)		Website Address	
<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			

*** MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name		Title		Length of Ownership Years and Months	
Home Address		City	State	Zip Code	Ownership %
Date of Birth (mth/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 (mth/day/year) / /	Social Security Number - -	Home Phone Number () -		Cell Phone Number () -	

*** BUSINESS PROPERTY INFORMATION**

Own/Lease	Time at This Location Years Month	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 term	Average Monthly Credit Card \$ Sales	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Funding Amount \$	Requested Daily Withhold 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 Comp (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's Signature _____ Date _____ Co-Signature _____ Date _____