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 Rep Name Dan Cruz

BUSINESS INFORMATION

Legal/Corporate Name Echevarria Enterprises		DBA Oregon Ag	
Physical Address 29641 Grandview Rd		City Parma	State OH Zip Code 83660
Mailing Address (If different from physical address) PO Box 1301 Parma		City Parma	State OH Zip Code 83660
Telephone Number 208-697-0103	Date Business Started (mo/day/yr) 2 years	State of Incorporation OH	Federal Tax ID 262481847
Fax Number	Hours of Operation 24	Product/Service Sold Equipment	
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address cowboy2at@gmail.com	
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			Website Address

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name Lacey Echevarria		Title manager	Length of Ownership 2 Years and 6 Months	
Home Address PO Box 1301		City Parma	State OH Zip Code 83660	Ownership % 100%
Date of Birth (month/day/year) 11/18/78	Social Security Number 518-11-8413	Home Phone Number	Cell Phone Number 208-697-0103	

PARTNER INFORMATION

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

BUSINESS PROPERTY INFORMATION

Own <input checked="" type="checkbox"/> Lease 29641 Grandview Rd	Time at This Location 3 Years and 6 Months	Monthly Rent or Mortgage \$ 550	Date Lease Ends (month/day/year) Open
Business Landlord or Mortgage Bank SAS Holdings	Contact Name and/or Account No. ROJON VANZELF	Office/Mobile Number 208-571-4447	

BUSINESS TRADE REFERENCES

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 NA	No. of terminal	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$ 30,000	Requested Advance Amount credit card receipts %	Highest of Volume Months (please circle months, or N/A if no seasonality) <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> Aug <input checked="" type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> N/A	
Prior/Current Cash Advance Company \$	Current Balance %	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.

Lacey Echevarria
 Applicant's Signature Date **6-18-14**

Co-Signature

Date