



601 Ocean Parkway #8E, Brooklyn NY 11218
PHONE: 908-625-7694 FAX: (347)-402-1650

FUNDING APPLICATION

Please complete this application and return with 3 months bank statements to receive a formal funding approval. There are no fees, charges or obligations associated with obtaining a pre-approval. Pre-approval does not constitute a funding commitment.

FAX: (347) 402-1650 • EMAIL: AJ@SMARTBUSINESSFUNDER.COM

A. BUSINESS INFORMATION

| | | |
|---|----------------------|---|
| Business Legal Name: Precise Air Systems Inc | | Business DBA Name: |
| Street Address: 5467 San Fernando Road West | | City: Los Angeles |
| State: CA | Zip: 90039 | Phone: 818 240-1737 |
| Website: www.preciseair.com | | Mobile: 818 395 -3127 |
| Legal Entity: <input checked="" type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership | | Fax: 818 -240-2800 |
| Business Location: <input checked="" type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other | | Email: shakeh@preciseair.com |
| Date Business Started: 01/01/1980 | | Federal State Tax #: 95-3641740 |

B. OWNER/PRINCIPLE INFORMATION

OWNER #2 (IF APPLICABLE)

| | | | |
|------------------------------------|--------------------------------|--------------------|----------------|
| Name: Fred Khachekian | | Name: | |
| Address: | | Address: | |
| City, State Zip: | | City, State Zip: | |
| Phone: 818 612-1714 | | Phone: | |
| Email: fred@preciseair.com | | Email: | |
| % of Ownership: 100% | Date of Birth: 03/31/43 | % of Ownership: | Date of Birth: |
| SSN#: 572-68-6494 | | SSN#: | |
| Driver's License # P0377383 | | Driver's License # | |

C. TRADE REFERENCES

| | | |
|--|--------------------------------|----------------------------|
| Company: America West Sheet Metal | Contact Person: Ara | Phone: 818-764-0600 |
| Company: Glendale Wholesale | Contact Person: Vigan | Phone: 819-244-2170 |
| Company: Fergusson Enterprise | Contact Person: Melissa | Phone: 909-517-3507 |

D. LANDLORD OR MORTGAGE INFORMATION

| | | |
|--------------------------------------|-------------------------------------|---------------------------------|
| Landlord / Mortgage Contact Number : | Landlord / Mortgage Contact Person: | Rent / Mortgage Monthly Amount: |
|--------------------------------------|-------------------------------------|---------------------------------|

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize SMART BUSINESS FUNDING and each of its representatives, successors, assigns and designees ("Recipients") to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Owner/Principle Signature: _____ Owner/Principle Signature: _____

Print Name: **FRED KHACHEKIAN** Date: **5/12/2017** Print Name: _____ Date: _____