10/1/2015 08:35

TO:15152181598 FROM:3473969614

Page:

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MERCHANT APPLICATION



Chris Nolasco

Tel: 718.475.4969 ext.110

cnolasco@goempowergroup.com

Funding Application	_					
Please fill in the spaces below and mail or fax us the application. By doing so, you are greview your business and personal credit history in order to assemble as the space of the space o	ivina Empoye	Mr Graves	as well.		I. (In)	
review your business and personal credit history in order to provide you with formal ap	oproval.	er aroup	as well	as its agents	and attiliates,	permission to

review your business and personal credit history in order to provide you with	formal approval.				
Business Legal Name ("Merchant"): 5'22 5 NN DI PAIR TVANGPC TING	Purinage OF A Ale				
909 E 28 # cT	City, State Zip: Qe & Me INES JOWA 50317				
Phone: 515 2627144	Fax: 515 218 1598				
Website: NAV BAKANANNE ON THERE CAM	Email:				
Website: VAY BAKAS ANN & ON TLOCK. COM Legal Entity: GCorp Sole Prop SLLC Partnership Other	Federal Tax ID#: 46 23 9 5 5 19				
Merchant Type: ☐Retail ☐Restaurant ☑Service ☐Internet	Business Start Date: 4-1-13				
Business Location: Store Front Office Mi Home Other	Products/Services Sold: Trans Par BTIEN				
Financial Information	ITANS PAY BliON				
Amount Requested: \$ 3200000	Reason: # 2 8 f + 1				
Existing Cash Advance? Yes / No Balance? \$	Reason: to By Egyptiment of capital				
Average Gross Monthly Sales: \$ プトロック	Average Monthly Deposits: \$ 3 0 00 0				
Average Monthly Visa/MasterCard Sales: 5	Average Monthly Deposits: \$ Z G C T				
Processing Company:	Number of Terminals:				
Owner/Principal Information					
Name: G = Thieb w BANNANN	Name:				
Address: 209 % 28 # 5	Address:				
City, State Zip: Cab Marks 5 70 50 217	City, State Zip:				
Home Phone: 575. 2627/44	Home Phone:				
Mobile: 51.54197553	Mobile:				
Email: JAY BAUMANNE en Thook, esay	Email:				
% of Ownership:	% of Ownership:				
Date of Birth: 12-31-40	Date of Birth;				
SSN#: 478 -44 -2523	SSN#:				
Property Information	3.1.11				
Own/Lease? Lease Start Date: Lease Er	nd Date: Monthly Rent/Mtg: \$				
Landlord/Mortgage Company: Willing Rice	Landford/Mortgage Company Contact:				
Phone: 575262 7144	Email:				
Fax: 915 218 1598	Type of Building:				
Business/Trade References	Type of Building: House				
Company: C	(f) Dhana a				
Company: ELA TrusT Contact: Ed n	Phone: 5/63550427				
Omponie A Transport					
Contact: Goshup	2my Phone: 3083984140				
By signing below, the Merchant and its owners / principals: (1) certify that all information and do authorize Empower Group its agents, partners, and lenders to receive credit reports and any oth verify any information provided on the Application; and (3) to receive an occasional promotion or	ocuments submitted in connection with this Application is true, correct and complete; (2) ar information regarding the Merchant and its owners and principals from third parties, to ar offer by email or fax.				
By: Summer Summe	Ву:				
Date: 10-1-15	Date:				
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