

## PLEASE FILL OUT COMPLETELY

<b>Legal Business Name</b> Island Thingz Caribbean Restaurant LLC		<b>Business Phone Number</b>		<b>Business Fax Number</b>	
<b>DBA Business Name</b> Island Thingz/ Browns Bakery		<b>Date/Year Started</b> 2024-06-01		<b>Monthly Rent</b> 3500	
<b>Web Address</b> Island Thingz.com			<b>Email Address</b>		
<b>Owned Business For?</b> Year			<b>Alternate / Cell Phone Number</b>		
<b>Business Address: Street</b> 1155 Malabar Rd store 15		<b>City</b> Palm Bay		<b>State</b> Florida	
<b>Seasonal Business?</b> No		<b>Tax ID Number</b> 333257233		<b>Zip</b> 32907	
<b>State</b> Florida		<b>Nature of Business</b> Restaurant and bakery			
<b>Style of Business</b> LLC		<b>Monthly Total Sales</b> 35000		<b>AVG Daily Bank Balance</b> 40000	
<b>Use Of Funds</b> Expansion			<b>Advance Amount Requested</b> 70000		

## REFERENCES

<b>Landlord Contact Name and Number</b> Gator interchange		<b>Length of Time at Location</b> 1 year		<b>Time Remaining on Lease</b> 9 years	
<b>Trade Reference #1 Contact Name and Number</b> Cocoa seafood and meat 9176044369			<b>Trade Reference #2 Contact Name and Number</b> Jamaicah International Enterprise 3213685373		

## QUALIFYING QUESTIONS


Do you own any commercial or residential property?	No	Do you currently have a cash advance?	No
Do you own any vehicles, equipment or machinery?	No	If yes, which advance company and what is your current balance?	
Does your business have future receivables (unpaid invoices)?	No	<b>Company</b>	<b>Balance</b>
Are you looking to purchase equipment?	No	1. _____	_____
Any open Liens or Judgments?	No	2. _____	_____
Did you ever file for bankruptcy?	No	3. _____	_____
If yes, what is the status	Discharged	4. _____	_____
Bankruptcy Year			

## PERSONAL INFORMATION ON PARTNERS, PROPRIETORS, OR GUARANTOR


<b>Name</b> Nadine Collins-Cole		<b>Credit Score (If Known)</b> 740		<b>Name</b>		<b>Credit Score (If Known)</b>	
<b>Title/% Ownership</b> 100	<b>Social Security No</b> 063680966	<b>DOB</b> 1972-09-12		<b>Title/% Ownership</b>	<b>Social Security No</b>	<b>DOB</b>	
<b>Address</b> 1661 Mineral Loop Dr				<b>Address</b>			
<b>City</b> Palm Bay	<b>State</b> Florida	<b>ZIP</b> 32907		<b>City</b>	<b>State</b>	<b>ZIP</b>	
<b>Home Phone Number</b> 5166409452		<b>Rent/Own (How Long)</b> 1		<b>Home Phone Number</b>		<b>Rent/Own (How Long)</b>	

## AUTHORIZATION

Each of the undersigned, who is either a Principal, Sole Proprietor or Personal Guarantor of the above-named business, recognizes that his or her individual credit history may be a factor in the evaluation of this application for funding of the above-named business. Each of the undersigned hereby authorizes Deliver Funding Inc. and its assigns and/or affiliate partners of Deliver Funding Inc. to obtain his or her credit report (and any updates to his or her credit report) in connection with Deliver Funding Inc. consideration of this application and any affiliate partners of Deliver Funding Inc. in connection with any subsequent review of the account of the above-named business. Each of the undersigned hereby authorizes Deliver Funding Inc. to utilize information including but not limited to calls, emails, texts and direct mail for marketing efforts from Deliver Funding Inc. and affiliates.

  
Signature  
Partner, Proprietor or Guarantor

Date: 12/1/2025  
Time: 4:53:36 PM  
IP: 172.18.0.1

  
Signature  
Partner, Proprietor or Guarantor