

PLEASE FILL OUT COMPLETELY

Legal Business Name Complete Auto Protect Inc	Business Phone Number	Business Fax Number	
DBA Business Name Complete Auto Protect Inc	Date/Year Started 10/10/1992	Monthly Rent	
Web Address	Email Address		
Owned Business For?		Alternate / Cell Phone Number	
Business Address: Street 2810 North Church Street	City Wilmington	State DE	Zip 19802-4447
Seasonal Business?	Tax ID Number 64-4645646	State	Nature of Business food_beverage
Style of Business llc	Monthly Total Sales	AVG Daily Bank Balance	
Use Of Funds hoes	Advance Amount Requested 150.00		

REFERENCES

Landlord Contact Name and Number	Length of Time at Location	Time Remaining on Lease
Trade Reference #1 Contact Name and Number	Trade Reference #2 Contact Name and Number	

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	Company	Balance
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

Name Robert Galapo	Credit Score (If Known)		Name	Credit Score (If Known)	
Title/% Ownership 100.00	Social Security No 554-65-4564	DOB 10/10/1957	Title/% Ownership	Social Security No	DOB
Address 4855 NW 99th Ln			Address		
City Coral Springs	State FL	ZIP 33076	City	State	ZIP
Home Phone Number		Rent/Own (How Long)	Home Phone Number		Rent/Own (How Long)

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.

Date: 01/09/2026 3:02 PM

Time:

IP: 45.144.113.213

Signature
Partner, Proprietor or Guarantor



Signature
Partner, Proprietor or Guarantor