



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 10/10/1995		Monthly Rent	
Web Address			Email Address		
Owned Business For?			Alternate / Cell Phone Number		
Business Address: Street 2810 North Church Street		City Wilmington		State DE	
Seasonal Business?		Tax ID Number 65-4646546		Zip 19802-4447	
Style of Business partnership		Monthly Total Sales		AVG Daily Bank Balance	
Use Of Funds			Advance Amount Requested		

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 123-54-1646	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.

Signature
Partner, Proprietor or Guarantor

Date: 01/08/2026 10:06 PM
Time:
IP: 45.144.113.213

Signature
Partner, Proprietor or Guarantor

**Attach Last 3 months
Bank Statements &
Current Month to Date**