



PLEASE FILL OUT COMPLETELY

| | | | |
|--|--|-------------------------------|---|
| Legal Business Name Phillip Windsor | Business Phone Number | Business Fax Number | |
| DBA Business Name Phillip Windsor | Date/Year Started 01/01/1981 | Monthly Rent | |
| Web Address | | Email Address | |
| Owned Business For? | | Alternate / Cell Phone Number | |
| Business Address: Street 10152 hwy 278 | City Cullman | State AL | Zip 35083 |
| Seasonal Business? | Tax ID Number 42-4825513 | State | Nature of Business construction |
| Style of Business sole_proprietorship | Monthly Total Sales | AVG Daily Bank Balance | |
| Use Of Funds Supply and growth | Advance Amount Requested 40.00 | | |

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 Phillip Windsor | Credit Score (If Known) | | Name | Credit Score (If Known) | |
| Title/% Ownership 100.00 | Social Security No 424-82-5513 | DOB 08/24/1957 | Title/% Ownership | Social Security No | DOB |
| Address 454 moman rd | | | Address | | |
| City ALBERTVILLE | State AL | ZIP 35950 | 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: **01/14/2026 2:43 PM**

Time:

IP: **67.143.160.25**

Signature
Partner, Proprietor or Guarantor

Signature
Partner, Proprietor or Guarantor