

PLEASE FILL OUT COMPLETELY

| | | | |
|---|---|---------------------------------------|---|
| Legal Business Name Test Truly | Business Phone Number | Business Fax Number | |
| DBA Business Name Test Truly | Date/Year Started 10/10/1985 | Monthly Rent | |
| Web Address | Email Address | | |
| Owned Business For? | | Alternate / Cell Phone Number | |
| Business Address: Street Test Truly | City Test Truly | State Test Truly | Zip 11223 |
| Seasonal Business? | Tax ID Number 9995556666 | State Test Truly | Nature of Business Test Truly |
| Style of Business Test Truly | Monthly Total Sales 600,000.00 | AVG Daily Bank Balance 2000 | |
| Use Of Funds Test Truly | Advance Amount Requested 185,000.00 | | |

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 test truly | Credit Score (If Known) 650 | | Name | Credit Score (If Known) | |
| Title/% Ownership 100.00 | Social Security No 9995556666 | DOB 10/10/1975 | Title/% Ownership | Social Security No | DOB |
| Address test truly | | | Address | | |
| City test truly | State test truly | ZIP 11223 | 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: **01/05/2026 3:46 PM**

Time:

IP: **47.22.13.30**

Signature
Partner, Proprietor or Guarantor

Signature
Partner, Proprietor or Guarantor

