



## PLEASE FILL OUT COMPLETELY

Legal Business Name World class nutrition	Business Phone Number	Business Fax Number	
DBA Business Name Rev nutrition	Date/Year Started 01/08/2020	Monthly Rent 2,500.00	
Web Address		Email Address	
Owned Business For? 5 years		Alternate / Cell Phone Number	
Business Address: Street 2600 Oswell suit c	City Bakersfield	State Ca	Zip 93306
Seasonal Business? Yearly	Tax ID Number 92-0861613	State Ca	Nature of Business Retail
Style of Business Retail	Monthly Total Sales 22,000.00	AVG Daily Bank Balance 1000	
Use Of Funds ExpansiA <sup>3</sup> n	Advance Amount Requested 50,000.00		

## 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. Lendido	3000
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 Johnpaul reyes	Credit Score (If Known) 620		Name John Paul Reyes	Credit Score (If Known)	
Title/% Ownership 100	Social Security No 626462884	DOB 11/12/1990	Title/% Ownership	Social Security No	DOB
Address 619 knotts			Address		
City Bakersfield	State Ca	ZIP 93305	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 Truly Funding and its assigns and/or affiliate partners of Truly Funding to obtain his or her credit report (and any updates to his or her credit report) in connection with Truly Funding consideration of this application and any affiliate partners of Truly Funding in connection with any subsequent review of the account of the above-named business. Each of the undersigned hereby authorizes Truly Funding to utilize information including but not limited to calls, emails, texts and direct mail for marketing efforts from Truly Funding and affiliates.

Signature  
Partner, Proprietor or Guarantor

Date: 01/08/2026 8:09 PM  
Time: \_\_\_\_\_  
IP: 207.212.33.39

Signature  
Partner, Proprietor or Guarantor

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