

DELAWARE FINANCE COMPANY LLC

## Collateralized Loan Application

| BORROWER INFORMATION                                                                                                                                                                                                                                                                                              |               |                                                                                            |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------|------------------|
| Entity Legal Name:                                                                                                                                                                                                                                                                                                |               |                                                                                            |                  |
| DBA, If Any:                                                                                                                                                                                                                                                                                                      |               | Primary Contact:                                                                           |                  |
| Tax ID #:                                                                                                                                                                                                                                                                                                         |               | Telephone #:                                                                               | Email Address:   |
| Street Address:                                                                                                                                                                                                                                                                                                   |               | City:                                                                                      | State: Zip:      |
| Mailing Address (if different):                                                                                                                                                                                                                                                                                   |               | City:                                                                                      | State: Zip:      |
| Additional Contact Information (after hours, text #, alternate email, etc.):                                                                                                                                                                                                                                      |               |                                                                                            |                  |
| <input type="checkbox"/> C-Corporation<br><input type="checkbox"/> S-Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Other _____ |               | State of Formation: _____<br><br>Date of Formation: _____<br><br>Nature of Business: _____ |                  |
| FINANCIAL INFORMATION OF BUSINESS                                                                                                                                                                                                                                                                                 |               |                                                                                            |                  |
| Monthly Income _____                                                                                                                                                                                                                                                                                              |               | Monthly Expenses _____                                                                     |                  |
| Current Assets _____                                                                                                                                                                                                                                                                                              |               | Current Liabilities _____                                                                  |                  |
| Net Worth: <input type="checkbox"/> \$50,000 – \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> More than \$1,000,000                                                                                                           |               |                                                                                            |                  |
| INITIAL PLEDGED COLLATERAL (IN OUNCES)                                                                                                                                                                                                                                                                            |               |                                                                                            |                  |
| <u>Gold</u>                                                                                                                                                                                                                                                                                                       | <u>Silver</u> | <u>Platinum</u>                                                                            | <u>Palladium</u> |

By signing below, I, the undersigned, certify that:

- I am authorized to sign and submit this form.
- The Loan is for investment or other commercial purposes and not for any personal, family, household or any other consumer purposes.
- The information provided in this Form is true and accurate (the "Account Information")
- I will immediately update Delaware Finance Company LLC if there is a change in the Account Information.

X \_\_\_\_\_

Signature Print Name & Title Date

FOR INTERNAL USE ONLY

Approved: ☐ YES ☐ NO \_\_\_\_\_ Delaware Depository A/C # \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_ Reason \_\_\_\_\_