


BUSINESS INFORMATION (All fields marked with * are required)		
* Business Legal Name: Boyar LLC		DBA:
* Entity Type: LLC	* Business Start Date: 01/01/2022	* Federal Tax-ID: 87-4455192
* eMail: alex@boyarllc.com	* Phone: 828-782-4289	Fax:
* Address: 125 Warren Haynes Dr		Suite/Floor:
* City: Asheville	* State: NC	* Zip: 28806
OWNER INFORMATION (All fields marked with * are required)		
* Primary Owner Name: Alexandru Cojocaru		* Estimated FICO Score: 453
* SSN: 686-03-9622	* Date of Birth: 12/12/1963	* Ownership %: 100
* Mobile Phone: 828-782-4289	* Personal eMail: theboyaralex@gmail.com	Personal Fax:
* Address: 125 Warren Haynes Dr		Suite/Floor:
* City: Asheville	* State: NC	* Zip: 28806
FUNDING INFORMATION (All fields marked with * are required)		
* Business Description: General Freight Trucking Long Distance		
* Purpose of Funds: Working Capital		
* Annual Business Revenue: \$ 162000	* Requested Funding Amount: \$ 75000	
* Average Monthly Credit Card Volume: 2000	* Outstanding Receivables: \$ 0	
<p>By signing below, each of the above-listed Business Owner(s)/Officer(s)/Principal(s) and Business (individually and collectively, "You") certify that all information and documents submitted in connection with this Funding Application ("Application") are accurate, true, correct, and complete. You agree to immediately notify the relevant parties of any changes in such information or financial condition. You acknowledge that any false statements may be considered fraud and understand that the recipients of this application are relying on the information provided. You further authorize the recipients, including any entities involved in commercial loans with daily repayment features or purchases of future receivables (such as Merchant Cash Advance transactions), to obtain consumer, personal, business, and investigative reports. This may include but is not limited to credit card processor statements and bank statements, from consumer reporting agencies (such as TransUnion, Experian, and Equifax), banks, financial institutions, creditors, and other third party agencies. Additionally, you authorize the recipients to obtain relevant information regarding the commercial lease for the premises referenced above from the leasing company and/or agent. You also consent to the transmission of this Application, along with any related information obtained in connection with it, to any authorized recipient for evaluation purposes. A photocopy of this Application will be considered valid for the release of credit and/or investigative information.</p>		
Signed by:  * Signature of Primary Owner: _____		* Date: 4/28/2025 _____

Attach last 4 months of business bank statements

