

BUSINESS INFORMATION (All fields marked with * are required)		
* Business Legal Name: wearwolf Products LLC		DBA:
* Entity Type: LLC	* Business Start Date: 4/14/2020	* Federal Tax-ID: 853152068
* eMail: wearwolfproducts@gmail.com	* Phone: 7602944538	Fax:
* Address: 430 N. Cedar St.		Suite/Floor: C
* City: Escondido	* State: Ca	* Zip: 92025
OWNER INFORMATION (All fields marked with * are required)		
* Primary Owner Name: Michael Brazell		* Estimated FICO Score: 630
* SSN: 523499299	* Date of Birth: 06/11/1986	* Ownership %: 100
* Mobile Phone: 5616329778	* Personal eMail: punctuethorybodypiercing@gmail.com	
* Address: 4571 S. Mission Rd		Suite/Floor:
* City: Fallbrook	* State: Ca	* Zip: 92028
FUNDING INFORMATION (All fields marked with * are required)		
* Business Description: Jewelry Fabrication / Body Piercing		
* Purpose of Funds: Expansion		
* Annual Business Revenue: \$ 450,000	* Requested Funding Amount: \$ 100,000	
* Average Monthly Credit Card Volume: \$500	* Outstanding Receivables: \$ \$0.00	
<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 part 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>		
<div><div>Signed by:</div><div><div><div>* Signature of Primary Owner:</div><div><div>Michael Brazell</div><div>4DA7ED4FEFC06464...</div></div></div><div><div>* Date:</div><div>4/24/2025</div></div></div></div>		

Attach last 4 months of business bank statements

