FINANCING REQUEST

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BUSINESS INFORMATION (Minimum 2 years in Business Required)

Business Legal Name:		Time In Business Under Current Ownership:	Federal ID Number
Business Address	City/County	State Zip	Business Phone Number ( )
Type Of Ownership: ❒ Partnership ❒ LLC ❒ Proprietorship ❒ Corporation	State of Incorporation:	Type Of Business:	Business Fax Number ( )

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty.)

Name (First-Middle-Last) *Please Print*		Date of Birth	Title	% Ownership	Social Security Number
Present Address		City/County	State Zip		Home Phone Number ( )
Other Owner/Guarantor	Title	Address	Date of Birth	%Ownership	Social Security Number

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)

Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD

EQUIPMENT LOANS/LEASES (Open or Paid)

Firm Name	Phone	Fax	Acct#	High Credit	How Long

TRADE REFERENCES

Firm Name	Phone	Fax	Acct#	High Credit	How Long
Firm Name	Phone	Fax	Acct#	High Credit	How Long

EQUIPMENT INFORMATION

VENDOR NAME/PHONE NUMBER:_____

EQUIPMENT DESCRIPTION:_____

EQUIPMENT COST: $_____ NEW OR USED

WHERE WILL EQUIPMENT BE LOCATED:_____

TERM REQUESTED: 24 MOS 36 MOS 48 MOS 60 MOS PURCHASE OPTION: FMV/10% OR $1.00

The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Global Capital Services or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A Photocopy of this release will act as an original.

BY:_____ TITLE:_____

BY:_____ TITLE:_____