

BANK VERIFICATION FORM				
Name of Bank:		Date:		
Address:				
City/State/Zip		Phone:		
<i>AUTHORIZATION:</i>				
I authorize the above name institution to release to Global Funding, Inc., or its assigns, the actual dollar amount(s) and other requested information regarding the account referenced below. The information should be faxed, (770) 565-7288, or emailed to gsloan@globalfundinginc.com .				
Signature of Applicant:				
<i>BUSINESS INFORMATION:</i>				
Depositor: (Franchise Name and/or Company name listed on account.)				
Address of Depositor:				
City/State/Zip				
Account Numbers:				
BELOW TO BE FILLED OUT BY BANK ONLY				
Account Number	Account Type	Date Opened	Current Balance	Average Balance
			\$	\$
			\$	\$
			\$	\$
Overall Rating of Account:				
Number of Overdrafts/Insufficient Funds:				
Information Provided By: (Signature)		Date:		
Print Name and Title:		Your Phone and Extension:		
PLEASE COMPLETE FORM AND FAX TO 770-565-7288 OR EMAIL TO gsloan@globalfundinginc.com . THANK YOU FOR YOUR TIME AND ATTENTION.				