



**Global  
Funding, Inc.**

1353 Riverside Pkwy.  
Ste. 120-250  
Canton, GA 30114

Phone: 770-213-4467  
FAX: 770-783-5861

## Credit Application

### Background Information

Company Name		Company Address	
Contact/Position		Phone No.	Fax No.
Time in Business (Years) ? / Under Current Ownership ? /		Nature of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Gov.
D&B Rating (if known)	D&B Paydex (if known)	or Debt is: <input type="checkbox"/> Current <input type="checkbox"/> 30 to 45 days <input type="checkbox"/> 45 to 60 <input type="checkbox"/> Over 60	
Largest Company \$ / Current Balance Loan to date: / \$		Number of Employees: <input type="checkbox"/> Under 10 <input type="checkbox"/> 10 to 20 <input type="checkbox"/> 20 to 50 <input type="checkbox"/> Over 50	

### Vendor Information

### Equipment or Project Description

Vendor Name	Estimated Cost	Location	Est. Delivery/Install Date
Vendor Address	Description (incl. Mfg/Model) or Attach Vendor Quote(s)		<input type="checkbox"/> New <input type="checkbox"/> Used
Contact/Position			
Phone No.	Fax No.		

### Terms Requested

### Financing Quote

1. Term of Financing: \_\_\_\_\_ months (36, 48, 60, etc.)  
2. Purchase Option @ End-of-Term  
☐ \$1 Dollar ☐ 10% Balloon (Reduces Payment)  
☐ Fair Market Value (possible Tax/Acctg Advantages)  
3. # of Advance Payments: \_\_\_\_\_ (First \_\_\_\_\_ + Last \_\_\_\_\_)  
4. Other Requests: \_\_\_\_\_

5. Estimated Equipment Cost (+ Other) \$ \_\_\_\_\_  
6. Rate Factor (Per Quote or Rate Sheet) x \_\_\_\_\_  
7. Monthly Payment = Cost (#5) x RF (#6) \$ \_\_\_\_\_  
8. Security Deposit (if required) \$ \_\_\_\_\_

### Company Bank References - Two Year History

Bank #1 (Name/Branch)	How long?	<input type="checkbox"/> Checking #	(Eg. Low-4, Hi-5) Avg. Balance _____
Phone No.	Contact Officer	<input type="checkbox"/> Other Acc#	Avg. Balance _____
		<input type="checkbox"/> Loan Acc#	Curr. Balance _____
Bank #2 (Name/Branch)	How long?	<input type="checkbox"/> Checking #	Avg. Balance _____
Phone No.	Contact Officer	<input type="checkbox"/> Other Acc#	Avg. Balance _____
		<input type="checkbox"/> Loan Acc#	Curr. Balance _____

### Owners / Guarantors

Name/Title	Social Security No.		
Address	FICO Score if known)	% Ownership	
Name/Title	Social Security No.		
Address	FICO Score if known)	% Ownership	

### Deadlines/ Other:

X	Date	Authorization to release credit information is hereby given to Global Funding, Inc., its Assignee or Agent.
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