

APPLICATION FOR FRANCHISE FINANCING

Check One: Start-Up (new store) Acquisition of Existing Store Re-Finance Re-Model Equipment Only

Company Name: _____
(exact legal name)

DBA/Franchise Name: _____ Store #: _____

Business Address: _____

Telephone: _____ Fax: _____ EMail _____

Years in Business: _____ Years under current Ownership: _____

Type of Organization: Sole Proprietor Corporation Partnership Limited Liability Corp/Partnership

Bank Name: _____ Account #: _____

Contact Name: _____ Telephone #: _____

Personal Information on Owners, Officers, Partners or Guarantors:

Owner/Officer Name: _____

Home Address: _____ City _____ State _____ Zip _____

Title: _____ % Owned: _____ Social Security #: _____

Owner/Officer Name: _____

Home Address: _____ City _____ State _____ Zip _____

Title: _____ % Owned: _____ Social Security #: _____

Owner/Officer Name: _____

Home Address: _____ City _____ State _____ Zip _____

Title: _____ % Owned: _____ Social Security #: _____

Owner/Officer Name: _____

Home Address: _____ City _____ State _____ Zip _____

Title: _____ % Owned: _____ Social Security #: _____

Amount Requested: \$ _____ **Number of months you wish to finance:** _____

Important Notice:

By completing and signing this application, you hereby authorize Global Funding, Inc., its agents or assignees, to investigate your credit. You further authorize Global Funding, Inc., its agents or assignees, to obtain personal credit report(s) on all Principal(s), and authorize the release of bank and financial information necessary to complete this credit investigation. You also warrant that the information provided above is true and accurate.

X _____ Date: _____
 Signature and Authorization to Release Information

X _____ Date: _____
 Signature and Authorization to Release Information

X _____ Date: _____
 Signature and Authorization to Release Information

X _____ Date: _____
 Signature and Authorization to Release Information