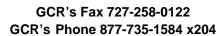


## **Global Capital Resource**

Assisting clients of







Applicant's Name:			
Address:		City: Sta	te:Zip Code:
Phone:	Fax:	TAX ID#	
Yrs in business	Please Check: Corporation ☐ Pa	artnership 🗌 Sole Proprietor 🔲 Oth	ner
LOAN TYPE:			
Equipment		Amt to be Financed) \$	Term (mos)
Description:			
(Please Attach Invoices or Propo	osals If Available)		
PRINCIPLE OWNERS OR GUA	RANTORS, PLEASE COMPLETE	E THE FOLLOWING:	
Name		Social Security Number	
Address		City, State	Zip
Name		Social Security Number	
Address		City, State	Zip
BANK INFORMATION			
Bank, Address, City	Phone #	Account #	Contact
Other Loans or Leases	Phone #	Account #	Contact
Business Trade References	Phone #		Contact
is made and any credit bureau or oth The undersigned authorizes all partie	er investigative agency to investigate the	ne references, statement, or other dates local information requested as part of said	
SIGNATURE:		Title	 Date
SIGNATURE:		· •	
	Title egal name(s). Signature must be only those	<b>Date</b> of duly authorized corporate officer, partner	or proprietor, with title indicated



## **Global Capital Resource**

Assisting clients of



GCR's Fax 727-258-0122 GCR's Phone 877-735-1584 x204



## **CREDIT AUTHORIZATION**

I/We authorize the leasing company to make any necessary credit inquiries deemed proper in connection with this lease application. I/We authorize and instruct any person or consumer-reporting agency to compile and furnish to the Leasing company any information that it may have or obtain in response to such credit inquiries and agree that such information, along with the application, shall remain the leasing company property whether or not the lease is approved.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS CAPACITY TO ENTER INTO A BINDING CONTRACT); OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW IS THE:

## FEDERAL TRADE COMMISSION EQUAL CREDIT OPPORTUNITY WASHINGTON, D.C. 20580

Applicant Signature	Applicant Signature	
Printed Name	Printed Name	
Title	Title	
Titlo	Title	
20	20	
Date	Date	

NOTE: Use full legal name(s).

Signature(s) must be only those of duly authorized corporate officer, partner, or proprietor, with title indicated.