



**CREDIT APPLICATION**

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COMPANY INFORMATION					
FULL COMPANY NAME		DATE ESTABLISHED (CURRENT OWNERSHIP)		WEB PAGE ADDRESS	
ADDRESS			CITY		STATE ZIP CODE
TRADE STYLE OR NAME		EMAIL ADDRESS		TELEPHONE FAX	
<b>BUSINESS STRUCTURE</b> Check Box Or Specify Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> OTHER <input type="checkbox"/> Specify Other: _____		NATURE OF BUSINESS			STATE OF INCORPORATION
		FEDERAL TAX NO.			
GUARANTORS / OWNERS					
NAME	1	2	3		
STREET					
CITY, STATE, ZIP					
HOME NUMBER					
SOCIAL SECURITY NUMBER					
TITLE					
% OF OWNERSHIP		%	%	%	%
SIGNATURE (I agree to the authorization to obtain consumer credit report below)	X	X	X		
CREDIT REFERENCES					
BANK	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT #	TYPE
MAJOR TRADE ACCOUNTS	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT	
LOAN / LEASE REFERENCES	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT	
VENDOR INFORMATION					
VENDOR NAME	ADDRESS		CITY	STATE	ZIP
CONTACT NAME & PHONE NUMBER				RESALE #	
EQUIPMENT DESCRIPTION			NEW <input type="checkbox"/>	USED <input type="checkbox"/>	TERM REQUESTED 24, 36, 48, or 60 Months
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)				TOTAL INVOICE WITHOUT TAX	

**Authorization to Obtain Consumer Credit Report:** By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Global Finance Group or its designee (and any assignee or potential assignee thereof, including Global Vantage Ltd.) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X \_\_\_\_\_ DATE \_\_\_\_\_

Name (please print): \_\_\_\_\_ TITLE \_\_\_\_\_