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Church Legal Name _____

Incorporated Name (if any) _____ Yrs Inc. _____ State Inc. _____

Address _____ City _____ State _____ Zip _____

Church Telephone # _____ Fax# _____ Age of Church _____

Contact: _____ Phone # _____

Church Web-site Address _____ Church Email _____

Fed Tax Id # _____ Sales Tax Exemption Yes ___ No ___

Guarantor Name _____ Social Security # _____ - _____ Home Phone # _____

Home Address _____ City _____ State _____ Zip _____

FINANCING INFORMATION

Equipment Cost \$ _____ Terms of Financing 36__ 48__ 60__ Months

Equipment Description _____

Vendor(s) Name _____ Phone # _____ Contact _____

STATISTICAL INFORMATION

Entire Church Membership 2015 _____ Entire Church Membership 2016 _____

Avg. Monthly Collections _____ Annual Spending Budget _____ Paid Employees _____

The Church represents and warrants that all credit and financial information submitted to Global Financial Services is true and correct and Global may obtain any credit information necessary pertaining to this application.

Signature _____

Date _____

Witness _____

THE ENTIRE QUESTIONNAIRE MUST BE
COMPLETED LEGIBLY TO BE PROCESSED!
ONCE COMPLETED, FAX BACK TO US AT:
212-482-6026