



GLOBAL CHURCH FINANCING



**Global Church Financing
P: (212) 480-4900
globalchurchfinancing.com**

Church Information

Church Legal Name: _____
Incorporated Name (if applicable): _____ **Yrs Inc.** _____ **State Inc.** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Church Phone: (____) _____ **Age of Church:** _____ **Website:** _____
Contact: _____ **Phone:** (____) _____ **Email:** _____
Fed Tax ID#: _____ **Sales Tax Exemption: Yes / No (Circle One)**
Church Membership Last Year: _____ **Church Membership This Year:** _____

Guarantor Information

Guarantor Name: _____ **Social Security #:** _____ - _____ - _____
Email: _____ **Phone #:** (____) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Financing Information

Equipment Cost: \$ _____ **Terms of Financing: 24 / 36 / 48 / 60 months (Circle one)**
Equipment Description: _____

Vendor(s) Name: _____ **Phone #:** (____) _____
Contact: _____ **Email:** _____

This 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:** _____

This entire application must be completed legibly to be processed. Once completed, email to sydney@gbtsinc.com.