

# GROUP FINANCIAL SERVICES

## Application for Financing

**Business Name:** \_\_\_\_\_ **Tax ID #** \_\_\_\_\_  
Years Incorporated \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

.....  
**Customer Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

Specialty \_\_\_\_\_ Years Licensed \_\_\_\_\_

**Office Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Office Manager \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

.....  
**Vendor:** \_\_\_\_\_ **Salesperson:** \_\_\_\_\_

**Total Amount requested:** \$ \_\_\_\_\_ **Equipment Description** \_\_\_\_\_

Program: **Lease or Finance** \* Term: \_\_\_\_\_ months \* End of Term Purchase: \$1 or 10 %

### RELEASE AUTHORIZATION

I hereby authorize our banks, consumer agencies, trade references, and financial institutions to compile and furnish any information pertaining to our credit and financial responsibilities as requested by Group Financial Services, its successors or assigns, and photo static or facsimile copies of this authorization may be submitted to obtain the release of this information. Group Financial Services, its successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Group Financial Services for that purpose. Group Financial Services may disclose to any other interested parties Group Financial Services' experience with this account. Applicant understands that Group Financial Services will retain this application whether or not credit is granted. Group Financial Services may share this application or information contained in or related to it with affiliates of Group Financial Services to determine Applicant's eligibility for other products or services offered by Group Financial Service's affiliates, unless you write to Group Financial Services, at 70 Arrow Road, Suite #5, Hilton Head Island, SC 29928 to advise that you do not want this information shared.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Feel free to contact our office with any questions or additional needs.

Sincerely,  
Craig Warren  
cwarren@finservices.com  
Office (800) 336-8562  
Fax (800) 987-7713