

SIGN & SUBMIT THIS FORM VIA FAX OR EMAIL TO:

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OR

COMPLETE OUR ONLINE FORM:

APPLY NOW!
 shopsabre.gogc.com

Equipment Cost \$	Equipment Description
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Business Information


Legal Company Name (include dba name if applicable)		Date Established (Current Ownership)	Type of Business (Circle one): Sole Prop. Partnership Corporation LLC Other	
Company Primary/Mailing Address		City	State	Zip
Physical Location of Equipment - if different than above (No PO Boxes)		City	State	Zip
Federal Tax ID #/ EIN (9-digits)	State Tax ID #/ Resale Permit #	Business Phone #		Preferred Contact Method (Circle one): Office # Mobile # E-mail
Primary Contact Name		Office #	Mobile #	E-mail Address
Own Business Location (Y/N)	Landlord Name		Landlord Telephone #	

* If solely owned, spousal information **is required** on credit application. If business is closely held, credit is determined based upon jointly held assets.

Personal Information

	Applicant 1	Applicant 2	Applicant 3
Name (First, M, Last)			
Home Street Address (No PO Boxes)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City, State, Zip			
Social Security #			
Date of Birth			
Mobile #			
Home Phone #			
E-mail Address			
% of Business Ownership			
Are you a US Citizen? (Y/N)			
If no, please list green card expiration date			

X _____ Applicant Signature	X _____ Applicant Signature	X _____ Applicant Signature
_____ Date	_____ Date	_____ Date

 Please submit a copy of your prior **3 months** bank statements with this application.
 * You may submit bank statements separately if not readily available at the time of application. However, credit decision may be pending until received.