



APPLICATION

2090 Dunwoody Club Dr Ste 106-124
 Dunwoody, GA 30350
 (877) 270-8306 • (877) 828-8809, fax
 Todd Greenberg or Bill Steuer
tgreenberg@gsgcapitalllc.com
bsteuer@gsgcapitalllc.com



COMPANY NAME <i>Important to list legal name of entity</i>				
Company Name (Legal)			Federal I.D. Number	
Physical Address			Cell Number 1	
City	State	Zip	Cell Number 2	
Telephone	Fax Number	Alt. Phone Number	Contact	
EQUIPMENT LOCATION (if different than above)			Email Address	

EQUIPMENT/SOFTWARE TO BE FINANCED

Equipment Vendor Contact: _____ Dollar Amount: _____

PERSONAL INFORMATION *On Officers, Partners, or Guarantors*

Name	Title	% of Ownership	Social Security No.	
Home Address	City	ST	Zip	Home Phone No.
Name	Title	% of Ownership	Social Security No.	
Home Address	City	ST	Zip	Home Phone No.
Name	Title	% of Ownership	Social Security No.	
Home Address	City	ST	Zip	Home Phone No.
Name	Title	% of Ownership	Social Security No.	
Home Address	City	ST	Zip	Home Phone No.

AUTHORIZATION TO RELEASE INFORMATION

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, or is authorized to sign on behalf of the applicant, provides written instruction to GSG Capital, LLC or its designee (any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and obtain bank and trade references. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat, facsimile or emailed copy of this authorization shall be valid as the original. This Authorization is continuing for future extensions of credit and extends to lending sources to whom we submit this application and potential funding, and from whom GSG Capital may request and obtain documents and information for credit review and potential funding. By signature below, I/we affirm my/our identity as the respective individual's identified in the above application. *Type your name in box below for signature release*

X

DATE: