



GLOBEX
Capital Group



Enhancing Life. Advancing Technology.

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APPLICATION ONLY <input type="checkbox"/>		FINANCIALS <input type="checkbox"/>		FINANCIALS TO FOLLOW <input type="checkbox"/>	
Lessee:					
Address:					
Telephone #:			Facsimile #:		
Contact:			Tax ID #:		
Type of Business: Sole Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		Corporation <input type="checkbox"/>	
Years in Business:			Specialty/Type of Business:		
Equipment Location:					
Equipment Description:			Sales Representative:		
Equipment Cost: \$		Term (Months): 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> <input type="checkbox"/> Deferral: _____			
Purchase Option: \$1.00 <input type="checkbox"/> FMV <input type="checkbox"/> FMV @ 10% <input type="checkbox"/>					
STOCKHOLDER/PERSONAL INFORMATION					
Name:			Name:		
Title:			Title:		
Address:			Address:		
Social Security #:			Social Security #:		
Phone #:			Phone #:		
Medical License #:			Medical License #:		
BANK INFORMATION					
Name:		Name:			
Address:		Address:			
Contact:		Contact:			
Phone #:		Phone #:			
Account #:		Account #:			

To Globex Capital Group, Inc.:

We hereby authorize you or your agents to investigate our financial responsibility and credit worthiness and we will provide financial information you deem necessary.

Applicant's Signature