



**GLOBAL FUNDING, INC.**  
1353 Riverstone Pkwy, Ste. 120-250, Canton, GA 30114  
Phone: (770) 213-4467 • Fax: (770) 783-5861  
[www.globalfundinginc.com](http://www.globalfundinginc.com)

## APPLICATION FOR FRANCHISE FINANCING

Check One: ☐ Start-Up (new store) ☐ Acquisition of Existing Store ☐ Re-Finance ☐ Re-Model ☐ Equipment Only

Company Name: \_\_\_\_\_  
(exact legal name)

DBA/Franchise Name: \_\_\_\_\_ Store #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years under current Ownership: \_\_\_\_\_

Type of Organization: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability Corp/Partnership

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Personal Information on Owners, Officers, Partners or Guarantors:

Owner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title: \_\_\_\_\_ % Owned: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title: \_\_\_\_\_ % Owned: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title: \_\_\_\_\_ % Owned: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Term Requested: \_\_\_\_\_ Est. Opening Date: \_\_\_\_\_

Notes or Special Requests: \_\_\_\_\_

### Important Notice:

By completing and signing this application, you hereby authorize Global Funding, Inc., its agents or assignees, to investigate your credit. You further authorize Global Funding, Inc., its agents or assignees, to obtain personal credit report(s) on all Principal(s), and authorize the release of bank and financial information necessary to complete this credit investigation. You also warrant that the information provided above is true and accurate.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature and Authorization to Release Information

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature and Authorization to Release Information

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature and Authorization to Release Information