

House of Worship Application

Return to: Fax **772-365-0263** or
credit@computerfinancing.com
 Question, call: **772-978-1194**



NAME of ORGANIZATION			CONTACT		DATE	
ADDRESS		CITY	STATE	COUNTY	ZIP CODE	PHONE NO.
ARE YOU A NATIONAL AFFILIATION		GOVERNERING BODY		HOW MANY ACTIVE MEMBERS	FAX NO.	
EMAIL ADDRESS			WHO MAKES FINANCIAL DECISIONS		YEAR IT BEGAN	
HOW MANY PAID EMPLOYEES			WEEKLY COLLECTIONS		STRUCTURE OF ORGANIZATION	
STATE OF ORGANIZATION		FED. TAX I. D. NO.		MORTGAGE AND/OR LANDLORD		<input type="checkbox"/> Proprietorship <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P <input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> LTD. <input type="checkbox"/> Corporation: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp
TRUSTEE OR PRINCIPAL		TITLE		OWNERSHIP?	SOC. SEC. NO.	
ADDRESS				PHONE		
TRUSTEE OR PRINCIPAL		TITLE		OWNERSHIP?	SOC. SEC. NO.	
ADDRESS				PHONE		
ARE THERE ANY AFFILIATED BUSINESS OPERATED FROM YOUR LOCATION				RELATIONSHIP AND PHONE		
EQUIPMENT OR SOFTWARE TO BE FINANCED/LEASED						
AMOUNT		WHAT WILL THE EQUIPMENT BE USED FOR				
BANK/LENDER NAME	DATE OPENED	ACCT.#	CONTACT		PHONE NO.	
BANK/LENDER NAME	DATE OPENED	ACCT.#	CONTACT		PHONE NO.	
TRADE REFERENCE		ACCT.#	CONTACT		PHONE NO.	
TRADE REFERENCE		ACCT.#	CONTACT		PHONE NO.	
I hereby certify that all information contained in this application and all attachments hereto is true and complete to the best of my knowledge, and has been supplied for the purpose of obtaining credit and herby consents to and authorizes the above name business credit provider and any assignee to obtain and use a credit repot on the undersign, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Reporting Act in the absence of this continuing consent.						
DATE		SIGNATURE			TITLE	