



EQUIPMENT LEASE APPLICATION
 For Churches and Other Charitable Organizations

CHURCH INFORMATION

Prepared By: *Gregory A. Weis*

FED I.D. # (if applicable): _____

Legal Church Name: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____ E-mail: _____

Equipment will be located at: Same as above: _____ Other: _____

What year did your congregation begin?: _____ Mobile Phone or Pager: _____

Are you incorporated: Y / N : If yes, in what state? ___ Under what name? _____

Please provide the names, home addresses, home & business phones of two church leaders (such as pastor, elder, trustee, etc.):

1. _____

2. _____

DESCRIPTION OF EQUIPMENT: _____

Equipment Dealer Name: _____ Phone: _____

Equipment Cost: \$ _____ Terms Requested (Mos): _____ New Used

BANK INFORMATION: Current Church Checking Information (2 years or more history preferred)

This information is essential & required – Application cannot be processed without checking account number

(A) _____ (B) _____

Location: _____ Phone: _____ Location: _____ Phone: _____

Contact: _____ Account#: _____ Contact: _____ Account #: _____

Circle Acct Types: Business Personal / Checking Savings Circle Acct Types: Business Personal / Checking Savings

TRADE REFERENCES: Please provide information about other loans or leases (if applicable):

Name: _____ Contact: _____ Phone: _____

Name: _____ Contact: _____ Phone: _____

Name: _____ Contact: _____ Phone: _____

Mortgage Holder & Account # or Landlord:

Contact: _____ City & State: _____ Phone: _____

SEE REVERSE SIDE OR NEXT PAGE TO COMPLETE APPLICATION

EQUIPMENT LEASE APPLICATION (Continued)
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PLEASE PROVIDE COMPLETE ANSWERS TO THE FOLLOWING QUESTIONS:

How many paid employees do you have?

Full-time: _____ Part-time: _____

Avg. weekly collection: \$ _____

Last yrs budget: \$ _____ This yrs budget: \$ _____

National affiliation: Y / N Headquarters of national affiliate: _____

What is your business structure/governing body (i.e., Trustees, Business Committee)? _____

Who makes the business/financial decisions? _____

Who will sign contracts on behalf of the church? _____

Are there any affiliated businesses operated from your location (i.e., school, day care)? _____

The undersigned authorizes the release of any credit information from any source including credit bureau reporting agencies and financial institutions relating to loan, lease, checking, savings, investment and trade accounts to Gem Leasing, a Division of Gem Capital Corporation, and its affiliated funding sources. The undersigned requests that if a faxed form is needed, it be expedited as quickly as possible. The undersigned hereby represents that information set forth herein is correct and complete. A photo static copy or fax transmission of this application shall be as valid as the original version.

CUSTOMER SIGNATURE: _____ **DATE:** _____