



Global Capital Resource
www.gcr-capital.com

Vendor Program Application Instructions

Thank you for your interest in applying for our vendor program. In order for us to serve you best, please fill out the application as completely as possible.

Faxing Instructions:

1. Fill out the Lease/Loan Application form completely
2. Sign the Lease/Loan Application form
3. Fax form to 727-258-0122

Mailing Instructions:

1. Fill out the Lease/Loan Application form completely
2. Sign the Lease/Loan Application form
3. Mail form to:

GCR Capital
Attn: Online Vendor Application
200 9th Ave North
Suite130
Safety Harbor, FL 34695



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Vendor Program Application

Applicant:

Business Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Tax ID # _____

Yrs in Business _____

Company Type: (Please select one)
Corporation _____ Partnership _____ Sole Proprietorship _____ Other _____

Principle Owners or Guarantors:

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Equipment:

Equipment Type _____ Average Cost \$ _____ Term _____ (mos.)

Equipment Description _____

Target Market _____

Additional Information: _____

