



FED. I.D.# \_\_\_\_\_

### CHURCH LEASING APPLICATION

Legal Church Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Equipment will be located at, Same as above: \_\_\_\_\_ Other: \_\_\_\_\_

Are you incorporated: Y / N; if yes, in what state: \_\_\_\_\_ Under what name: \_\_\_\_\_

EQUIPMENT DESCRIPTION: \_\_\_\_\_ Quantity: \_\_\_\_\_

New/Used: \_\_\_\_\_ Equipment Cost: \$ \_\_\_\_\_ Terms Desired: Months \_\_\_\_\_ Payment Amount \_\_\_\_\_


Vendor: **Coleman Connection Ministry, Inc.** Contact : **M.C. Coleman**

City & State: **Jackson, MS** Phone: **601-209-8481** Fax: **601-981-4895**

THIS INFORMATION IS REQUIRED. APPLICATION CANNOT BE PROCESSED WITHOUT ACCOUNT NUMBER-

BANK NAME: \_\_\_\_\_ Contact: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

 **BANK Acct.#** and account Name from which invoices will be paid: \_\_\_\_\_

\* **Acct.#** for any other accounts in the church name: (building fund, savings, etc.) \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_ Contact: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_ Contact: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

What year did your congregation begin: \_\_\_\_\_ How many active members do you have: \_\_\_\_\_

How long has the Pastor been with this congregation?: \_\_\_\_\_

Number of paid church employees: \_\_\_\_\_ What is your average weekly collection: \_\_\_\_\_

What was your budget last year (total receipts): \_\_\_\_\_ This year: \_\_\_\_\_

What is your national affiliation and where are they located: \_\_\_\_\_

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

and who makes the business/financial decisions: \_\_\_\_\_

Who will sign on behalf of the Church? (Provide daytime contact phone #) \_\_\_\_\_

Are there any affiliated businesses operated from your location (i.e. School, daycare): \_\_\_\_\_

If yes, list them: \_\_\_\_\_

Mortgage holder & Acct. # (or Landlord): \_\_\_\_\_

Provide name, home address, home & business phone of **two** church leaders. (i.e.: trustee, elder, deacon, pastor)

1. \_\_\_\_\_

2. \_\_\_\_\_

We hereby authorize the release of any credit information, including loans, leases, checking, savings, trade references and personal credit history, pertaining to the company, its principals, and the people listed below, to Suncoast Equipment Funding Corporation (and its designee or assignee). Such authorization shall extend to subsequent updates for credit or collection purposes. All of the people below are 18 years of age or older. We authorize transmission of our credit information over the Internet. A photostatic or facsimile copy of this authorization shall be valid as the original.  
X \_\_\_\_\_ Date: \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_

Federal Reserve Board regulations give applicants the right to request a written explanation of any declined application.