SurgicalVideoSystems.com

MEDICAL APPLICATION

3780 Mansell Road, Suite 250
Alpharetta, GA 30022
(877) 270-8306 • (877) 828-8809, fax
Todd Greenberg (ext. 953) or Bill Steuer (ext. 954)
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bsteuer@gsgcapitalllc.com

GSG CAPITAL
FINANCING FOR BUSINESS

PRACTICE NAME *Important to list legal name of entity*

Practice Name (Legal) .				Federal I.D. Number
Physical Address				
City	County	State	Zip	
Telephone	Fax Number	Back-Line Phone Number		Contact
EQUIPMENT LOCATION (if different than above)				email address:

EQUIPMENT/SOFTWARE TO BE FINANCED — FINANCE AMOUNT

Medical Equipment $ _____

Contact: Scott Casteel
SurgicalVideoSystems.com

PERSONAL INFORMATION *On Officers, Partners, or Guarantors*

Name		Title	% of Ownership	Social Security No.
Home Address	City	State	Zip	Home Phone No.
Name		Title	% of Ownership	Social Security No.
Home Address	City	State	Zip	Home Phone No.
Name		Title	% of Ownership	Social Security No.
Home Address	City	State	Zip	Home Phone No

AUTHORIZATION TO RELEASE INFORMATION

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, or is authorized to sign on behalf of the applicant, provides written instruction to GSG Capital, LLC or its designee (any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and obtain bank and trade references. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual's identified in the above application.

X _____