



Account Establishment

Please complete the following confidential information for purposes of creating an account with Georgia Technologies. When your application becomes approved, you will be notified via email or facsimile with your specified agent's name and contact information. After completing, fax or e-mail (information to left).

Thank you for choosing Georgia Technologies!

216 S Zetterower Ave
Statesboro GA 30458 USA

Phone (912) 489-7427

Facsimile (912) 764-3237

www.georgiatechnologies.com

Date of Application: Day _____ Month _____ Year _____

Business Information

Full Legal Name: _____ Tax ID # _____

Doing Business As (DBA): _____

Billing Street Address: _____

City: _____ State: _____ ZIP: _____

County/Town: _____ Country: _____

Billing Mailing Address: _____

City: _____ State: _____ ZIP: _____ Number of Employees: _____

County/Town: _____ Country: _____ Email: _____

Contact: _____ Telephone: _____

Nature of Business: _____ # of years under current ownership: _____

- Proprietorship
- General Partnership
- Limited Partnership
- Not-for-Profit
- Corporation
- S Corporation

Date of Inc. _____

State of Inc. _____

Limited Liability

Government

Principals / Payment Responsible By

Principal/Partner/Officer: _____ Title: _____

Home Street Address: _____ Social Security No. _____

City: _____ State: _____ ZIP: _____ Country: _____

County/Town: _____ Telephone: _____ Email: _____

Principal/Partner/Officer: _____ Title: _____

Home Street Address: _____ Social Security No. _____

City: _____ State: _____ ZIP: _____ Country: _____

County/Town: _____ Telephone: _____ Email: _____

Banking References

Bank Reference Name: _____ Loan Officer/Contact: _____

Telephone: _____ Account No. _____

Bank Reference Name: _____ Loan Officer/Contact: _____

Telephone: _____ Account No. _____

Bank Reference Name: _____ Loan Officer/Contact: _____

Telephone: _____ Account No. _____

Trade References

Trade's Name: _____ Contact: _____

City/Town/State/Country: _____

Telephone: _____ Account No. _____

Trade's Name: _____ Contact: _____

City/Town/State/Country: _____

Telephone: _____ Account No. _____

Trade's Name: _____ Contact: _____

City/Town/State/Country: _____

Telephone: _____ Account No. _____

Business Purpose

You, the credit applicant, certify to us that you are applying for a business purpose,
and not for personal, family or household purposes.

Dun & Bradstreet No. _____

To Whom This May Concern:

This will be your authority at request of SGCS to release any information requested concerning personal, family or household purposes.

Principal's Signature: _____ Date: _____

End of Application