

## **800-949-7040**Application for Financing



BUSINESS Exact Legal Business Name	Phone Number			Fax Number	
Billing Address	City		_ State	Zip Code	
Equipment Address(if different than billing)	City		State	_ Zip Code	
Type of Business	Federal ID#:		County		
Business Age Years Owned (in years) Current Owned	by Annuer Sale	ual s	Number of Employees	s	
Primary Contact Name	Phone		_ ExtF	ax	
TitleCell	Email		Website		
Business Structure: Proprietorship Corporation	LLC Partnership	Other			
OWNERSHIP					
Principal's Name Ti	tle 5	SSN	I	Phone	
Home AddressCi	ty	State	_ Zip Code	% Ownership	
Principal's Name Ti	tle S	SSN	I	Phone	
Home Address Ci	ity	State	Zip Code	% Ownership	
Bank City	State	Contact Name		Phone	
EQUIPMENT			NIAGA	ARA	
Equipment Description	Ve	endor	MACHINE ESTABLISHED	•	
Term   24 months   36 months   48 months   60 mo	onths (	City		State	
Equipment Cost	C	ontact			
	PI	none		Ext	
I authorize <b>Advantage+</b> (Advantage	ge Leasing Corpoi	ration) to inves	tigate my cred	it history.	
Signature/Title:		Date			
Signature/Title:		Date			

Fax or Email Application to Deanne Schneider at **Advantage+: 262-361-3837**DSchneider@AdvantagePlusFinancing.com