

800-949-7040Application 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 by (in years) Current Owner			Annual Number of Employees		
Primary Contact Nam	ne		Phone		ExtF	-ax
FitleCell			Email	Email Website		
Business Structure:	Proprietorship	Corporation	☐ Partner	ship 🗌 Other		
OWNERSHIP						
Principal's Name		Title		SSN	Phone	
Home Address		City		State	Zip Code	% Ownership
Principal's Name		Title		SSN	Phone	
Home Address		City		State	Zip Code	% Ownership
Rank		City	State	Contact Name		Phone
Dalik		City	State _	Contact Name		FIIONE
EQUIPMENT					Dost	Dank"
Equipment Description				Vendor	THERMAL ST	STEMS
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months				City		State
Equipment Cost				Contact		
				Phone		Ext
	I authorize Advan	tage+ (Advantage Le	asing Cor	poration) to inves	stigate my cred	lit history.
Signature	e/Title:			Date _		
Signature	-/Title:			Date _		

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