

## **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 (in years)	Years Curren	Owned by t Owner		Annual Sales	Number Employe	of ees
Primary Contact Name				Phone		Ext	_Fax
Title	Cell _			Email		Website	
Business Structure:	Proprietorship	Corporation	☐ LLC	☐ 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
Bank		City		State _	Contact Name		Phone
EQUIPMENT						~	
Equipment Description					Vendor	RE	RIME SINS
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months					City		State
Equipment Cost					Contact		
					Phone		Ext
	I authorize Adva	<b>ntage+</b> (Adv	antage Le	easing Cor	poration) to inves	stigate my cre	edit history.
Signature/	Title:				Date _		
Signature/	Гitle:				Date		

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