

800-949-7040Application for Financing



BUSINESS Exact Legal Business Name			Phone Number		Fax Number	
						Zip Code
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 Owned by Current Owner		Annual Sales	Number of Employees	
Primary Contact Name	e		Phone		Ext	Fax
Title	Cell		Email	Website		
Business Structure: [Proprietorship	Corporation	Partne	rship 🗌 Other		
OWNERSHIP						
Principal's Name	l's Name T			SSN	Phone	
Home Address		City		State	Zip Code	% Ownership
Principal's Name	al's Name Title			SSN	Phone	
Home Address		City		State	Zip Code	% Ownership
Bank		City	State	Contact Name		Phone
EQUIPMENT						
Equipment Description				Vendor		
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months				City		State
Equipment Cost				Contact		
				Phone		Ext
	I authorize Advan	tage+ (Advantage L	easing Co	rporation) to inve	stigate my cre	dit history.
Signature/	/Title:		Date			
Signature/	/Title:			Date		

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