

## **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 Owned by Current Owner	Annual Sales	Number of Employee	s	
Primary Contact Nam	ne		Phone	ExtF	ax	
Title	tleCell		_Email	Website		
Business Structure:	☐ Proprietorship ☐ C	orporation	Partnership Dthe	er		
OWNERSHIP						
Principal's Name		Title	SSN	1	Phone	
Home Address		City	State _	Zip Code	% Ownership	
Principal's Name		Title	SSN		Phone	
Home Address		City	State _	Zip Code	% Ownership	
Bank		City	StateContact Na	me	Phone	
<b>EQUIPMENT</b> (A other project cos	dvantage+ can also fina sts).	nce installation and		₹F.A	S	
Equipment Description			Vendor	Fast Access Secu	rity Corp.	
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months			City		State	
Equipment Cost			Contact	Contact		
			Phone		Ext	
	I authorize Advanta	ge+ (Advantage Le	asing Corporation) to	investigate my cred	it history.	
Signature	e/Title:		Date			
Signature	e/Title:		Date			