

1-800-949-7040 Application for Financing



BUSINESS Exact Legal Business Name			Phone Number		Fax Number		
Billing Address						Zip Code	
Dilling Address			_ Oity		Otate	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 Nam	e		Phone		Ext	_Fax	
TitleCell			Email	Website			
Business Structure: [Proprietorship	Corporation	☐ Partne	rship 🗌 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			_	
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months				City State			_
Equipment Cost				Contact			_
				Phone		Ext	_
	I authorize Advant	age+ (Advantage L	_easing Co	rporation) to inve	stigate my cre	dit history.	
Signature/Title:				Date			
Signature/	/Title:			Date			

Fax or Email Application to **Advantage+: 262-361-3837** Ihyland@advantageplusfinancing.com