

VENDOR PARTNER PROFILE



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800-949-7040 www.advantageplusfinancing.com

COMPANY INFORMATION						
Business name:						
Phone: Fax:			Email		:	
Company address:						
City: Sta			ate:		ZIP Code:	
How long in business? State of incorpora			tion:		Date of incorporation:	
Sole proprietorship:	Partnership:	Corporation:	Other:		Fed. Tax ID:	
Owner: Title:						
SSN: Cell:						
Website: Owner E-mail add			ress:			
BUSINESS INFORMATION						
Type of equipment you sell:						
Annual sales:			Equipment cost range:			
Cost of average system:			% of systems leased:			
Other leasing companies used:			Number of sales staff:			
BANK INFORMATION-Required Only for Businesses Under 2 Years Old						
Primary bank name:			Bank contact:			
City:			State: Phone:			
MANUFACTURER/SUPPLIER TRADE REFERENCE INFORMATION						
Company name:						
Phone:			E-mail:			
Company name:						
Phone:			E-mail:			
MARKETING OPTIONS						
[] I am interested in providing website links to a Payment Calculator and/or Customer Financing Application?						
[] I am interested in being added to the online vendor directory?						
Name: Title: Date:						
Name:					Date:	

I authorize Advantage+ (Advantage Leasing Corporation) to investigate my credit history.