

800-949-7040Application for Financing



BUSINESS Exact Legal Business Name Billing Address Equipment Address (if different than billing)				Phone Number			Fax Number			
				City			State	Zip Co	_ Zip Code	
				City			State	Zip Co		
Type of Business				Federal ID#	:		County			
	Business Age Years (in years) Curren		Owned by nt Owner		Annual Sales		Number of Employees			
Primary Contact Nam	ne			Phone			Ext	Fax		
FitleCell				Email			Website			
Business Structure:	Proprietorship	Corporation	LLC	☐ Partners	ship	Other				
OWNERSHIP										
Principal's Name	e		Title		SSN		Phor			
Home Address			City			_ State	Zip Code		_ % Ownership	
Principal's Name	s Name		Title		SSN			Phone _	Phone	
Home Address			City			_ State	Zip Code		_ % Ownership	
Bank	City			StateContact Name			Phone			
EQUIPMENT										
Equipment Description					Vendo	r				
Term ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months					City State					
Equipment Cost					Contact					
					Phone)			Ext	
	I authorize Adva	intage+ (Adv	antage Le	easing Cor	porati	on) to inve	stigate my c	redit hist	tory.	
Signature	:/Title:					_ Date				
Signature/Title:						Date				

Fax or Email Application to L.J. Hyland at **Advantage+: 262-361-3837** LHyland@AdvantagePlusFinancing.com