

800-949-7040 Working Capital Application



BUSINESS Exact Legal Business Name			Phone Number		Fax Numbe	er
Billing Address			City		State	Zip Code
Equipment Address			City		State	Zip Code
Type of Business			Federal ID#:			
Business Age in years)	Years Owned by Current Owner		Annual	Sales	Number of Emplo	yees
Primary Contact Name			Phone		Ext	Fax
Title	Cell		Ema	il	Webs	ite
Business Structure: Proprietorship	Corporation		Partnerst	nip 🗌 Other		
OWNERSHIP						
Principal's Name	Title	SSN		Email	Phone	
Home Address		City		State	Zip Code	% Ownership
Principal's Name	Title	SSN		Email	Phone	
Home Address		City		State	Zip Code	% Ownership
Bank	City		State	Contact Name_		Phone
Amount Requested: (\$5,000	o \$50,000)			Ferm Desired:	(Twelve or eightee	n months)
I authorize Advantage+ to investigate my credit history.						
Signature:				Date		
Signature:				Date		
	applio 13400 Bis	cations@A	Advantagel ne, Ste 280	vantage+: 262 PlusFinancing. D, Brookfield, PlusFinancing	com WI 53005	