

## **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 Employees		
Primary Contact Nam	ne		Phone		Ext	_Fax	
Title	Cell		Email		Website_		
Business Structure:	☐ Proprietorship ☐ Corp	oration	☐ Partner	ship 🗌 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	<i>'</i>	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 Advantage	•+ (Advantage Le	easing Co	rporation) to inve	stigate my cre	dit history.	
Signature	p/Title:			Date _			
Signature/Title:				Date			

Email Application to: Applications@AdvantagePlusFinancing.com

Fax Application to:
Advantage+: 262-361-3837